

ST. CHRISTOPHER'S EPISCOPAL DAY SCHOOL



Employment Application

We do not discriminate in employment on the basis of race, color, gender, age, religion, nationality, handicap or veteran status. It is our policy to provide equal opportunity employment and advancement opportunity to all qualified individuals.

Instructions: *If filling out by hand, please use blue or black ink. Please print all names, addresses, and other information. Complete the form to the best of your ability and if additional space is needed, please use remarks section or add a supplemental sheet. Application may be hand delivered or scanned and emailed to director@stchristouston.org. Thank you.*

APPLICANT INFORMATION									
Last Name			First			M.I.		D.O.B.	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			How were you referred?			
Position Applied for									
Current Driver's License		State:		Number:		Class:			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list three professional references and 2 personal references</i>									
Full Name				Relationship					
Email				Phone					

Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	

RELATIVES EMPLOYED BY ST. CHRISTOPHER'S EPISCOPAL CHURCH OR DAYSCHOOL

Full Name		Relationship	
Position		Phone	
Full Name		Relationship	
Position		Phone	
Full Name		Relationship	
Position		Phone	

PREVIOUS EMPLOYMENT

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever been released from a previous position or had employment terminated? YES NO

If yes, please explain: _____

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ADDITIONAL SKILLS/PROFESSIONAL CERTIFICATIONS

Professional Certification:	Date Earned:
Languages Spoken:	
Other Skills/Interests:	

Additional Remarks:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------