



## Application for Employment

### An Equal Opportunity Employer

*It is the policy of St. James Episcopal Church and affiliates to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.*

**Important:** Please write your response above each line, unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

### PERSONAL DATA

\_\_\_\_\_  
First Name                                      Middle Name                                      Last Name                                      Social Security Number

\_\_\_\_\_  
Present Address in full                      City                                      State                      Zip                                      Telephone

\_\_\_\_\_  
Permanent Address (if different)      City                                      State                      Zip                                      Telephone

Are you legally authorized to work in the United States?  Yes  No

Do you have a valid drivers license?  Yes  No License number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you ever been convicted of any violation of the law?  Yes  No

If yes, give full particulars. (The existence of a criminal record does not constitute an automatic bar to employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### POSITION INFORMATION

Position applied for: \_\_\_\_\_

Referral source (if applicable): \_\_\_\_\_

**POSITION INFORMATION, CONT.**

Are you willing to work nights and weekends?  Yes  No How soon following notification can you report? \_\_\_\_\_

Have you ever been employed by St. James Episcopal Church and/or Day School?  Yes  No

If yes, when? \_\_\_\_\_

Are any relatives, including in-laws, employed at St. James Episcopal Church and/or Day School?  Yes  No

If yes, give name, relationship, position and location:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever previously applied for employment at St. James?  Yes  No If yes, when? (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

Have you ever previously been interviewed by St. James?  Yes  No If yes, when? (Mo.) \_\_\_\_\_ (Yr.) \_\_\_\_\_

For what position? \_\_\_\_\_

**EDUCATION**

\_\_\_\_\_  
Last high school attended (city & state) Graduated?  Yes  No

\_\_\_\_\_  
College or university (city & state) Graduated?  Yes  No

Attended from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Major \_\_\_\_\_ Degree received \_\_\_\_\_

\_\_\_\_\_  
College or university (city & state) Graduated?  Yes  No

Attended from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Major \_\_\_\_\_ Degree received \_\_\_\_\_

\_\_\_\_\_  
Other (technical/vocational/graduate (city & state) Graduated?  Yes  No

Attended from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Major \_\_\_\_\_ Degree received \_\_\_\_\_

List any scholarships, academic honors, awards or special achievements:

\_\_\_\_\_  
\_\_\_\_\_



In what languages other than English can you converse?

_____	Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYMENT HISTORY

**Important!** Starting with your present or most recent employer, list in consecutive order.  
Additional employment may be listed on a separate page(s) if necessary.

*Present or most recent employer:*

_____	_____	_____	_____
Full name of company	Telephone	Salary <i>Begin/End</i>	Dates of Emp. <i>From/To</i>
_____	_____	_____	_____
Street Address	City	State	Zip
_____			
Name & title of supervisor			
_____			
Title of your Position		Department	
_____			
Duties			
_____			
Reason for leaving			

*Previous employer:*

---

Full name of company	Telephone	Salary <i>Begin/End</i>	Dates of Emp. <i>From/To</i>
----------------------	-----------	----------------------------	---------------------------------

---

Street Address	City	State	Zip
----------------	------	-------	-----

---

Name & title of supervisor

---

Title of your Position	Department
------------------------	------------

---

Duties

---

Reason for leaving

*Previous employer:*

---

Full name of company	Telephone	Salary <i>Begin/End</i>	Dates of Emp. <i>From/To</i>
----------------------	-----------	----------------------------	---------------------------------

---

Street Address	City	State	Zip
----------------	------	-------	-----

---

Name & title of supervisor

---

Title of your Position	Department
------------------------	------------

---

Duties

---

Reason for leaving



Previous employer:

---

Full name of company	Telephone	Salary <i>Begin/End</i>	Dates of Emp. <i>From/To</i>
----------------------	-----------	----------------------------	---------------------------------

---

Street Address	City	State	Zip
----------------	------	-------	-----

---

Name & title of supervisor

---

Title of your Position	Department
------------------------	------------

---

Duties

---

Reason for leaving

Have you ever been suspended, placed on probation, asked to resign, discharged, or terminated?  Yes  No  
If yes, please explain:

---

---

## REFERENCES

Please provide us with references:

Name	Telephone	Office Use Reference verified
_____	_____	(_____)
_____	_____	(_____)
_____	_____	(_____)
_____	_____	(_____)

## SKILLS & LICENSURES

List any skills you think may be relevant to the position applied for, such as special licensures, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## MILITARY SERVICE & STATUS

Branch of service (or n/a): \_\_\_\_\_ Military occupation: \_\_\_\_\_

Date of entry into active duty: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(month/year) (month/year)

Rank at the time of separation: \_\_\_\_\_



## CERTIFICATION & AGREEMENT

I hereby certify that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I hereby affirm that by execution of the application, I acknowledge that the company has disclosed to me that an investigative consumer report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I hereby authorize the company to request, and I also authorize and request each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I hereby affirm that by submitting this application I agree to submit to job-relevant medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the employer, and as often as directed during employment.

I hereby authorize the medical examiner to disclose to the company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I understand that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the employer without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination.

I understand that if I am employed, the terms and conditions of my employment will be governed by this application and the company's terms of employment and policy and procedures, as amended from time to time by the employer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Thank you for completing this application.***

***It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period.***

***Your interest in St. James Episcopal Church / Day School is appreciated.***