



ST. ANDREW'S EPISCOPAL SCHOOL OF AMARILLO

St. Andrew's Episcopal School provides an equal opportunity in education and employment for all persons without regard to race, religion, color, sex, age, national origin, disability, military service, sexual orientation or any other status or condition protected by applicable state or federal laws. A false answer to any of the questions on this application will invalidate the applicant's contract.

APPLICANT INFORMATION

Legal Name/First, Middle, Last: _____

Other Names(s) Used: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____ Work Phone#: _____

Email Address: _____

Application for the position of: _____ Date: _____

PERSONAL INFORMATION

Religious Affiliation: _____ Church: _____

Have you ever been convicted of a crime? If so, please list details: _____

Describe any duties for which you should not be considered because of any medical, physical, or mental disabilities: _____

Are you able to perform the job functions as set forth in the position announcement? _____

If no, please identify the job function you are unable to perform and explain. _____

Are there any accommodations which can enable you to perform the job? _____

If so, please explain. _____

EDUCATIONAL PREPARATION

Institution	Degree	Years Attended
-------------	--------	----------------

_____	_____	_____
-------	-------	-------

Area of Certification: _____ State: _____

Is your certificate currently valid? _____ Grade Preferences: _____

If a position is not available at the present time, would you like to substitute? _____

Indicate subject preferences or major areas of teaching strengths: _____

WORK EXPERIENCE BEGINNING WITH PRESENT EMPLOYMENT:

Employer: _____ Address: _____

Phone: _____ Job Title: _____

Dates: _____ Supervisor: _____

Reason for Leaving:

Employer: _____ Address: _____

Phone: _____ Job Title: _____

Dates: _____ Supervisor: _____

Reason for Leaving:

Employer: _____ Address: _____

Phone: _____ Job Title: _____

Dates: _____ Supervisor: _____

Reason for Leaving:

REFERENCES:

Please list individuals that we may contact.

Name: _____ Position: _____

Business: _____ Phone: _____

Name: _____ Position: _____

Business: _____ Phone: _____

Name: _____ Position: _____

Business: _____ Phone: _____

I certify that the information contained in this application is true, complete, and correct.

Signature: _____ Date: _____