



ST. ANDREW'S EPISCOPAL SCHOOL OF AMARILLO

Application for Employment

The School shall provide 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, except where a bona fide occupational qualification applies.

APPLICANT INFORMATION

Legal Name (First, Middle, Last) _____

Other Name(s) Used _____

Address _____ City _____

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

Email _____ @ _____

JOB DESIRED

Check all that apply. Full time Part time Teaching assistant
 Administration Faculty Office staff
 Maintenance Substitute teacher Coach

Please specify the nature of the position you prefer. _____

Referred by _____ Salary Expected _____

EDUCATION

If submitting a resume with this information, this section can be omitted by checking here. _____

	School Name	City, State	Degree Earned	Year Graduated
High School				
College/Univ.				
College/Univ.				

Please list any special courses, seminars, and/or training directly related to the position for which you are applying.

WORK HISTORY (Two Most Recent Employers)

Employer _____ From (MM/YY) / To (MM/YY) _____

Address _____ City State Zip _____ Phone # _____

Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Contact Person _____ Reason for Leaving (if applicable) _____

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Employer _____ From (MM/YY) / To (MM/YY) _____

Address _____ City State Zip _____ Phone # _____

Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Contact Person _____ Reason for Leaving (if applicable) _____

Have you ever been terminated or involuntarily separated from employment? Yes No

If yes, which employer and why? _____

Have you ever received any employment discipline or counseling from a previous employer? Yes No

If yes, which employer and why? _____

Are you able to perform the job functions as set forth in the position announcement? Yes No

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? Yes No

If yes, please explain. _____

REFERENCES

Please list two individuals you would like us to contact as reference checks.

Name _____ Preferred # _____ Relationship _____

Name _____ Preferred # _____ Relationship _____

I certify the above information is correct to the best of my knowledge. I understand misrepresentation or omission of information is grounds for denial of employment or dismissal. This form becomes part of the permanent file for hired candidates. In completing this form, I understand if a conditional offer of employment is extended, I will conform to the rules and regulations of the school, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the school or myself. I authorize St. Andrew's Episcopal School to investigate, inquire and receive information regarding my application for employment and authorize all prior employers and entities with information regarding my background to make full disclosure to St. Andrew's. I release St. Andrew's and all entities supplying such information from any liability, claim or damages arising out of or relating to the investigation into my application for employment and background.

Applicant's Signature _____ Date _____

*Applications are kept on file for two years and are confidential.
Thank you for your interest in St. Andrew's Episcopal School.*