

EMPLOYMENT APPLICATION

St. James' School provides equal opportunity with regard to all terms and conditions of employment. The School complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, gender, sexual orientation, or any other protected characteristic.

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street Address

City State Zip

Telephone _____
Home Work Mobile

Email _____

Are you related to anyone working at St. James' School?

Yes No If yes, please indicate: _____
Name Relationship

EMPLOYMENT DESIRED

Position Applied For: _____

Date Available: _____ Willing to Travel: Yes No

Hours Available to Work: _____ Salary Requirement: \$ _____

Have you been employed by the school? Yes No If yes, dates _____

How did you learn of our organization? _____

Referred by current employee (Name, Dept.): _____

BACKGROUND DATA

Do you have a legal right to be employed in the U.S.? (If yes, proof is required) Yes No

Are you 18 years of age or older? Yes No

Are you able to perform the essential functions of the job for which you applying, with or without a reasonable accommodation? Yes No

Have you been convicted of a felony or misdemeanor? Yes No

A conviction will not necessarily disqualify you for employment.

If yes, briefly describe the nature of the crime(s), the date(s) of conviction, and the place(s) of the conviction:

Are you currently released on criminal offense on bail, bond, or your own recognizance while awaiting trial?

Yes No If yes, briefly describe: _____

EDUCATION

High School	Name of School	When Attended	Major
	City/State Phone #		Degree/Diploma Earned
College/ University	Name of School		
	City/State Phone #		
Graduate School	Name of School		
	City/State Phone #		
Technical School	Name of School		
	City/State Phone #		
Other	Name of School		
	City/State Phone #		

List any certificate or licenses you hold that may help you apply for your employment.

License and Certification Number: _____ Expiration Date: _____

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List any job-related professional or technical organizations to which you belong:

(You may exclude those which indicate race, gender, national origin, or any other protected classification of its members):

SOFTWARE AND FOREIGN LANGUAGE SKILLS

Software and Operating System (Check all that apply and circle skill level)	<input type="checkbox"/> Word Beg / Inter / Expert	<input type="checkbox"/> Excel Beg / Inter / Expert	<input type="checkbox"/> Power Point Beg / Inter / Expert	<input type="checkbox"/> Access Beg / Inter / Expert
	<input type="checkbox"/> Graphics _____ Beg / Inter / Expert		<input type="checkbox"/> Other _____ Beg / Inter / Expert	
	<input type="checkbox"/> Macintosh (OS _____) Beg / Inter / Expert		<input type="checkbox"/> Windows Beg / Inter / Expert	
Languages	Read:	Write:	Speak:	

EMPLOYMENT HISTORY (Please list all employers within past 10 years)

From	Company	Title	Start \$
To	Address	Supervisor	End \$
	Telephone	Reason for leaving:	
Primary Duties:			

Start	Company	Title	Start \$
End	Address	Supervisor	End \$
	Telephone	Reason for leaving:	
Primary Duties:			

Start	Company	Title	Start \$
End	Address	Supervisor	End \$
	Telephone	Reason for leaving:	
Primary Duties:			

PROFESSIONAL REFERENCES

Please provide three individuals who can discuss your current or past work performance

Name and Contact Information	Organization/ Position	Relationship	Years Known
1. Name:			
Phone:	E-mail:		
2. Name:			
Phone:	E-mail:		
3. Name:			
Phone:	E-mail:		

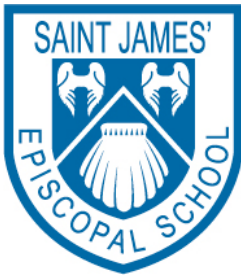
ACKNOWLEDGEMENT

I understand and acknowledge the following:

1. If I am offered employment, as a condition of employment, I will be required within three days of the beginning work to submit proof of my identity and legal right to work in the United States.
2. I hereby certify that all the information set forth in this application (and any attached resume), is true, complete, and correct to the best of my knowledge. I further certify that I, the undersigned, applicant, have personally completed this application. I agree that any omission, misrepresentation, falsification or misstatement of material facts or information on this application or related document may result in the rejection of this application or my immediate discharge if I am employed.
3. I authorize any of the persons or organizations referenced in this application to provide St. James' School with any and all information that they may possess concerning my previous employment, education, or experience. I authorize St. James' School to request and receive such information. I also understand that, in conjunction with this application, I will be asked to complete and sign a "Consent and Authorization for Background Screening" form.
4. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will, as defined by law and for no definite period, and that my employment may be terminated, at any time, with or without cause and with or without prior notice by myself or the school.
5. I have read and understand everything on this application.

Date

Signature



References and Background Information Disclosure

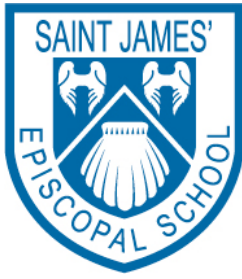
I have the following concerns about potentially negative references or information that may be revealed through the company's background investigation regarding:

- Previous Employment Information
- Educational Information
- Personal References
- Licensing and Certification Information
- Criminal Records
- Other

My concerns or comments about potentially negative references or information relevant to my potential employment are:

Signature

Date



Employee Notice and Acknowledgement of Drug and Alcohol Testing Requirements

Part I: Notice

This is to inform you that St. James' School conducts testing to identify job applicants and current employees who may be abusing drugs and/or alcohol.

A copy of St. James' policy on this matter will be provided to you. You have the right to refuse to undergo testing. However, the consequences of refusing to undergo testing or a refusal to cooperate in testing by an applicant will result in the termination of the pre-employment selection process. The consequences of refusal to undergo testing or refusal to cooperate in the testing by an employee will result in disciplinary action up to and including discharge.

An applicant who fails a test will not be hired and an employee who fails a test will be subject to disciplinary action up to and including discharge.

Remaining drug and/or alcohol free and participation in St. James' School's drug and alcohol testing program is a condition of continued employment.

Part II: Acknowledgement

I acknowledge and understand the above written notice and agree to abide by the terms of St. James' School's policy pertaining to drugs and alcohol.

Part III: Consent

At this time, I consent to a drug and alcohol test.

I also give consent to the testing agency to release to St. James' School the result of my tests, which will be held in strict confidence.

Signature

Date

Printed Name

Signature of Witness