



St. John's EPISCOPAL SCHOOL

1600 Sherman Drive
Abilene, TX 79605
P: 325-695-8870
F: 325-698-1532

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position? _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email Address _____ SSN _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without restriction? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? YES NO

If yes, please explain _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? YES NO

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held _____

Other pertinent information to the employment you are seeking _____

EMPLOYMENT (Most Recent First)

Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any) _____

Address _____ C/S/Z _____ Phone _____

Supervisor _____ Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ C/S/Z _____ Phone _____
Supervisor _____ Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ C/S/Z _____ Phone _____
Supervisor _____ Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any) _____
Address _____ C/S/Z _____ Phone _____
Supervisor _____ Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this employer.

Signature of Applicant

Date

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, DOB _____/_____/_____,
APPLICANT or EMPLOYEE NAME (Please print)

acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, if asked, I will be required to make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. If I am hired, the fingerprinting fee will be refunded to me with a proper receipt.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

ST JOHN'S EPISCOPAL SCHOOL
Agency Name (Please print)

ANGIE JORDAN
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:			
Check and Initial each Applicable Space			
CCH Report Printed:			
YES _____	NO _____	_____	initial
Purpose of CCH:		CCH SEARCH #:	
_____		_____	
Empl _____	Vol/Contractor _____	_____	initial
FACTS CH SUBSCRIBED:		_____	initial
FACTS SUBSCRIPTION ID#: _____			
Date Printed:		_____	initial
Destroyed Date::		_____	initial
Retain in your files			