

ST. MICHAEL'S SCHOOL

Application for Employment

It is the policy of St. Michael's to provide equal opportunity in employment for all persons; to prohibit discrimination in employment because of race, religion, creed, sex, age, national origin, or physical handicap; and to promote the full realization of equal opportunity through this affirmative action program. We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in assessing you for the position that best meets your qualifications.

Personal

(Please Print Plainly)

Name: _____
Last
First
Middle

Social Security Number: _____ - - Phone Number: () - _____

Present Address: _____
No.
Street
City
State
Zip

Position(s) applied for: _____

Would you work: Full-Time Part-Time Specify Days and Hours if Part-Time _____

Were you previously employed by us? If yes, when? _____

List any friends or relatives working for us: _____

If your application is considered favorably, on what date will you be able to work?

_____ 20 _____

Are you over 21 years of age? Yes No

Referral Source

Advertisement Friends Relative Walk-in Employment Agency

Other _____

Record of Education

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate	List Diploma or Degree
Elementary			5 6 7 8	Yes No	
High			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other			1 2 3 4	Yes No	

Name and Address of Company	From		To		Weekly Starting Salary	Weekly Last Salary	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
	Describe the work you did:						
Phone Number () -							
Reason for Leaving							

May we contact the employers listed above? Yes No

If not, indicate by number, which one(s) you do NOT wish for us to contact.

If you do not want the employers above contacted, please explain _____

Are you on a lay-off and subject to recall? Yes No

Do you have a Pennsylvania Drivers License? Yes No

Driver's License Number: _____ Expiration Date: _____

State any additional information you feel may be helpful to us in considering your application:

Personal References

Name	Occupation	Address	Phone

Agreement

As applicable laws require administration of child care programs to obtain a criminal check on prospective employees **PRIOR TO EMPLOYMENT**. Checks will be run through agencies and organizations as determined by applicable laws and regulations. **EFFECTIVE 9/1/03** St. Michael's is a tobacco free campus. **IF YOUR ARE SELECTED AS AN EMPLOYEE AND ACCEPT A POSITION, YOU WILL BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING.**

My signature on this application for employment declares that the information provided by me in the application is true, correct and complete to the best of my knowledge. I understand that is employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

If employed, I agree, as a condition of employment, to abide by all applicable provisions of those policies and regulations governing St. Michael's.

I also authorize St. Michael's to obtain the criminal checks mandated by applicable laws and regulations.

I agree that a thorough investigation of my background may be made and used relative to my employment status. I authorize my former employers and any other persons or organizations to provide any information they have about my background, and I release all concerned from any liability in connection therewith. If employment is offered, I understand that I will be required to obtain a physical examination and that, in addition to other items contained in this application, my employment will also depend upon my successfully passing the examination. Following my termination of employment with St. Michael's School, I authorize release of my employment history.

Signature

Date