

ST. DAVID'S EPISCOPAL DAY SCHOOL EMPLOYMENT APPLICATION (please print)

	Date				
Last Name		First Name	Middle	Initial	SSN
Address		City	State	Zi	p
Telephone Numb	er(s)	Er	mail Address		
Position(s) Applie	ed For:(T	eacher, Assistant Tead	cher, Extended Care	, Other)	
assignments. If national origin, d	you include vol	with your current or munteer activities, you in protected status.			
1. Employer	Name	-	From	То	
Address			Duties	or Responsibilities	6
Telephone	e Number		Superv	isor	
Reason fo	or leaving				
2. Employer	Name		From	То	
Address			Duties	or Responsibilities	5
Telephone	e Number		Superv	isor	
Reason fo	or leaving				
3					
Employer	Name		From	То	
Address			Duties	or Responsibilities	5
Telephone	e Number		Superv	isor	
Reason fo	or leaving				

School	Location	Diploma/Degree	Major
Elementary			
High School			
Community College/Trade			
College/University			
Graduate School			
Do you have a Delaware First cert	ificate? Yes	No No	
If yes, what are you qualified as?			
Courses, Workshops, Confere			
Special Job-Related Skills and	l Qualifications fro	m Employment or Other Ex	xperience
Military History			
When		Release/Type	
Job-related Training			
Current Status			

Yes	No	If under 18 years of age, can you provide proof of eligibility to work with Children?			
Yes	No	Have you ever applied for a position with us before? If yes, when?			
Yes	No	Have you ever been employed with If yes, when and in what capacity?			
Yes	No	Do you have a relative or friend employed with us? If yes, who and in what capacity?			
Yes	No	May we contact your present employ	yer?		
Yes	No	Have you ever been convicted of a c Conviction will not necessarily disqual If yes, please explain			
Yes	No	If applying for a position that require license?	es driving, do you have the appropriate		
Yes	No	Are you a citizen of the United State If no, does your immigration status Proof must be provided: Visa, g Other Governmental Identification	permit you to work?YesNo reen card, Social Security card,		
On What D	ate Will You be	Available for Work?			
Availability	: Full	Time Part Time	Temporary		
		Previous Employers or Relatives means that you give this organization p	ermission to contact the references		
Name	Add	ress Email Address	Telephone (Work, Home or Cell?)		
Name	Add	ress Email Address	Telephone (Work, Home or Cell?)		
Name	Add	ress Email Address	Telephone (Work, Home or Cell?)		
Name	Add	ress Email Address	Telephone (Work, Home or Cell?)		

Personal

Applicant's Acknowledgement

(This application shall be considered active for no more than ninety (90) days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and the employee.)

I certify that anwers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Applicant Signature		Date	
	Received		
	Interviewed		
	Reference Checks		
	Hired		
	Orientation		
	CPR/First Aid		
	DE First Certificate		