INSTRUCTIONS

Please print in ink. Please answer all questions truthfully and accurately. Resumes may be attached, but application must be completed in full.

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FIRST NAME MIDDI	LE NAME	FIRST NAME	PREFERENCE		
LAST NAME	_	CELL NUMBER			
ADDRESS		HOME NUMI	BER		
CITY	STATE	ZIP CODE			
If hired, would you be able to submit v	rerification that you are ent	itled to work in the Ur	nited States? YES NO		
Are you 18 or over? YES	NO				
POSITION INFORMATION					
Position desired (Please indicate only of	one position)				
Type of employment: Full-time	e Part-time	Temporary	Other		
Hours Available (Circle all that apply)	: Day Evening	Weekend			
Have you ever applied to The St. Austi	in School? YES NO	O			
If yes, for which position		When?			
Have you ever been employed with Th If yes, length of service:			_		
Please indicate name employed under, than above in the Personal Information					

EDUCATION

Do you have a high school diploma or GED? YES NO						
	SCHOOL NAME AND ADDRESS	NO. OF YEARS ATTENDED	DEGREE	MAJOR		
HIGH SCHOOL						
COLLEGE						
GRADUATE						
OTHER						

EMPLOYMENT HISTORY Please list all jobs, beginning with your present or last position or employer:

Company	Telephone ()
Address	City State Zip
Beginning Job Title	Starting Salary \$ per
Ending Job Title	Ending Salary \$ per
Supervisor's Name	Supervisor's Title
Employment Dates	to Are/Were you full-time?
	•
Describe your responsionness.	
Reason for leaving (resigned, laid-of	ff, discharged) Please explain:
Are you employed now? YES NO	O If so, may we inquire of your present employer? YES NO
Lio vou have a written nerconal cont	tract of employment in effect now? YES NO
Do you have a written personal cont	r vy
Company	Telephone ()
CompanyAddress	
CompanyAddressBeginning Job Title	Telephone ()
CompanyAddressBeginning Job Title	Telephone () City State Zip Starting Salary \$ per Ending Salary \$ per
Company Address Beginning Job Title Ending Job Title Supervisor's Name	Telephone () City State Zip Starting Salary \$ per Ending Salary \$ per
Company Address Beginning Job Title Ending Job Title Supervisor's Name Employment Dates	Telephone ()
Company Address Beginning Job Title Ending Job Title Supervisor's Name Employment Dates	Telephone () State Zip Starting Salary \$ per
Company Address Beginning Job Title Ending Job Title Supervisor's Name Employment Dates	Telephone () State Zip Starting Salary \$ per
Company Address Beginning Job Title Ending Job Title Supervisor's Name Employment Dates Describe your responsibilities:	Telephone () State Zip Starting Salary \$ per
Company Address Beginning Job Title Ending Job Title Supervisor's Name Employment Dates Describe your responsibilities:	Telephone () State Zip Starting Salary \$ per
Company	Telephone () State Zip Starting Salary \$ per
Company	Telephone () City State Zip per per Supervisor's Title to Are/Were you full-time? Telephone ()
Company	Telephone () City State Zip per per Supervisor's Title to Are/Were you full-time? ff, discharged) Please explain: Telephone () City State Zip
Company	Telephone () City State Zip Starting Salary \$ per Ending Salary \$ per Supervisor's Title to Are/Were you full-time? Telephone () City State Zip Starting Salary \$ per Ending Salary \$ per Ending Salary \$ per Ending Salary \$ per Ending Salary \$ per
Company	Telephone () City State Zip Starting Salary \$ per Ending Salary \$ per Supervisor's Title to Are/Were you full-time? Telephone () City State Zip Starting Salary \$ per Ending Salary \$ per Ending Salary \$ per Ending Salary \$ per Ending Salary \$ per

EMERGENCY CONTACTS

NAME OF PERSON	RELATIONSHIP	CELL PHONE	HOME PHONE
			
J			
EFERENCES			
Please list names of three peo	ple we may contact to verify	your qualifications for	employment:
Name	Occupation		Org
Phone	Address		
Name	Occupation		Org
Phone	Address		
Name	Occupation		Org
Phone	Address		
RAINING/EXPERIENCE			
certifications and/or licenses)	you have acquired which may	y be relevant to the po	
certifications and/or licenses) applying. DIFFICE SKILLS	you have acquired which ma	y be relevant to the po	esition for which you are
certifications and/or licenses) applying. DEFICE SKILLS	you have acquired which ma	y be relevant to the po	esition for which you are
certifications and/or licenses) applying. FFICE SKILLS	you have acquired which ma	y be relevant to the po	esition for which you are
Please list or describe any add certifications and/or licenses) applying. DFFICE SKILLS Please list any office machines, of the second control of the se	you have acquired which ma	y be relevant to the po	esition for which you are
ARE YOU CURRENTLY CHA TO, PLEADED NO CONTEST OR DEFERRED JUDGMENT F RECEIVED A SUSPENDED EX	computer hardware and/or software and/or softw	TORY EVER BEEN CONVICT BEEN PAROLED FORED IMPOSITION OF SE	experience: TED OF, PLEADED GUILTY, RECEIVED PROBATION ENTENCE FOR, OR
ARE YOU CURRENTLY CHA TO, PLEADED NO CONTEST OR DEFERRED JUDGMENT F RECEIVED A SUSPENDED EX JURISDICTION? YES	computer hardware and/or software and/or softw	TORY EVER BEEN CONVICT BEEN PAROLED FOR ED IMPOSITION OF SEDR, ANY FELONY OR I	experience: TED OF, PLEADED GUILTY R, RECEIVED PROBATION ENTENCE FOR, OR MISDEMEANOR IN ANY
ARE YOU CURRENTLY CHA TO, PLEADED NO CONTEST OR DEFERRED JUDGMENT F RECEIVED A SUSPENDED E JURISDICTION? YES	CRIMINAL HIS RGED WITH OR HAVE YOU I OR NOLO CONTENDERE TO, FOR, RECEIVED A SUSPENDE XECUTION OF SENTENCE FO NO	TORY EVER BEEN CONVICT BEEN PAROLED FOR ED IMPOSITION OF SEDR, ANY FELONY OR I	experience: TED OF, PLEADED GUILTY R, RECEIVED PROBATION ENTENCE FOR, OR MISDEMEANOR IN ANY
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RECRUITING SOURCE (How were you referred?)

RECKUTTING SOURCE (How were you referred?)					
Classified Ad (which newspaper or website) The St. Austin School Employee Other (please explain)					
I hereby certify that the information contained in this application is complete and correct to the best of my knowledge and belief. I authorize investigation of all statements in this application including, but not limited to, contacting of employers, references and educational institutions to verify information. I further understand that any information withheld, omitted, or falsely provided by me in connection with this application will eliminate me from further consideration for employment, and if employed may be cause for my immediate termination. I understand that the Company is not responsible for the accuracy or completeness of the information provided by any third party. I hereby release from all liability all individuals and entities supplying such information, and I indemnify the Company against any liability which might result from making such investigation.					
I understand that the Company prohibits the use or possession of unauthorized drugs or alcohol and I agree to submit to pre-employment testing for unauthorized drug usage as part of the Company's pre-employment physical examination. I understand that refusal to complete the pre-employment substance abuse screening will prevent me from being employed. I agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for prohibited substance use. I agree to conform to the rules and regulations of the Company and understand that upon termination of employment (if hired) I will return all company property. I further certify that I have read the foregoing paragraph and agree to its terms by setting forth my signature below.					
intended to create an employment contract between th	his employment application or in the granting of an interview is e Company and me for either employment or terms and ship is established, I understand that I have the right to and the Company retains a similar right.				

SIGNATURE OF APPLICANT ______ DATE _____