

**SAINT CYPRIAN'S EPISCOPAL SCHOOL
APPLICATION FOR EMPLOYMENT**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/Reserve/National Guard, or any other similarly protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Head of School.

RETURN TO OFFICE:

1. Completed Application (Including the Affidavit for Applicants for Employment and the Request for Criminal History)
2. Current TB Test (within one year of beginning of upcoming school year).
3. Copy of all college transcriptions
4. Copy of teacher certification and/or credentials

PLEASE PRINT	Date of Application: _____
Position(s) applied for: _____	
Name: _____	
Address: _____	
Telephone: _____ Cell: _____	
Email _____	
Driver's License: _____ Social Security: _____	
Referral Source <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Other	
Name of Referral agency or person: _____	
Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, when: _____	
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____ _____	

EDUCATIONAL BACKGROUND

List School attended, years completed, degree or diploma earned, major and minor, if applicable. Please include high school. Attach copies of transcripts from anything above high school.

SCHOOL	YRS.	DEG/DIP.	MAJOR/MINOR

REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

NAME	TELEPHONE #	YEARS KNOWN

Are you able to meet the attendance requirements of the job?

Yes No Date available for work _____

Will you work overtime if required?

Yes No

Are you currently certified to teach?

Yes No

If yes, what are your areas of certification? And please attach a copy of the certifications with your application:

List your preference of grade levels or specialties in priority order:

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary.) Explain any gaps in employment on the back of this sheet.

EMPLOYER	PHONE	DATES TO	POSITION
ADDRESS			ANNUAL SALARY
SUPERVISOR/TITLE		MAY WE CONTACT FOR A REFERENCE <input type="checkbox"/> Yes No <input type="checkbox"/>	
REASON FOR LEAVING			

EMPLOYER	PHONE	DATES TO	POSITION
ADDRESS			ANNUAL SALARY
SUPERVISOR/TITLE		MAY WE CONTACT FOR A REFERENCE <input type="checkbox"/> Yes No <input type="checkbox"/>	
REASON FOR LEAVING			

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REASON FOR LEAVING			

Saint Cyprian's Episcopal School
Application Disclosures

In submitting this application for employment, I hereby authorize Saint Cyprian's Episcopal School (the School) and its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment and/or volunteer purposes. I authorize any person or organization whose name I have given as reference or by whom I have been employed and any educational institution which I have stated I have attended to furnish Saint Cyprian's Episcopal School any information they may have concerning me.

I understand that any information received as result of the various background checks will be used by the School to make a final employment decision. I understand that if I am extended an offer of employment, I will remain in probationary status until the Safeguarding God's Children Class is completed and all of the background checks comeback with satisfactory clearance.

I hereby release all such persons, organizations, and institutions from any claims for damages or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from St. Cyprian's Episcopal School, if employed.

I agree that a copy of this form is valid like the signed original. I certify that all of my personal information is true and correct and I understand that dishonesty or omission will disqualify me from consideration for employment with the School; or if I am hired or already work for the School, I understand that the employment may be terminated.

I understand that this application is the property of St. Cyprian's Episcopal School and will become a part of my personnel file.

Signature of Applicant

Date