



# Employment Application

**Position Desired**

- Administration
- Teacher
- Librarian
- Counselor
- Substitute Teacher
- Staff
- Other \_\_\_\_\_

## PERSONAL INFORMATION

Date of Application \_\_\_\_\_ Date available for employment: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Texas Driver's License No: \_\_\_\_\_

Commercial/Bus Driver Certification  Yes  No If yes Commercial Driver's License No: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Check One: Full-time/ Part-time / Substitute

**If applying for a staff position please go directly to Educational Background**

Subjects you are certified to teach: \_\_\_\_\_

From among the fields you are qualified to teach, list the subject areas you prefer:

1<sup>st</sup> Preference: \_\_\_\_\_ 2<sup>nd</sup> Preference \_\_\_\_\_ 3<sup>rd</sup> Preference: \_\_\_\_\_

Which Extra Curricular activities would you prefer to be a part of \_\_\_\_\_

Certifications (Teaching and/or other)

State Agency	Type	Certificate #	Date Issued	Date Expires

Total Education Hours Earned: Elementary: \_\_\_\_\_ Secondary: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name of School	City/State	Date graduated	Expected graduation date	Type of Diploma	Major/Minor Fields of Study

**Have you been professionally investigated or disciplined in any state?**  Yes  No

Professionally disciplined means the annulment, revocation or suspension of your teaching certification or having been investigated by or received a letter of reprimand from an agency, board or commission of state government.

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## EMPLOYMENT RECORD

Begin with your current or last position and work backward in time

Current or last employer \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Positions Held: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

May We Contact Your current Employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Positions Held: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

May We Contact Your current Employer?  Yes  No

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Positions Held: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

May We Contact Your current Employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Name	Title	Company	Telephone	Email

**Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided below.**

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that a misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, terminate employment. I understand that as a condition of employment I will be required to provide legal proof of authorization to work in the United States. I understand that I am granting permission for St. Luke’s Episcopal School to verify the information I have listed. I also authorized St. Luke’s Episcopal School to conduct a criminal background check and I understand that such a report may include information as to my character, general reputation, personal characteristics, criminal history, and financial conditions. I understand that, if an inquiry is made, the nature and scope of the information will be supplied to me upon written request. If I am employed, I agree to abide by and comply with all the rules of St. Luke’s Episcopal School. I fully understand and agree that, (“if I am employed, my employment is for no definite period and may be terminated at any time by either me or St. Luke’s Episcopal School.”) I understand if employed I must complete the requirements of the Episcopal Diocese of West Texas program in Safeguarding God’s Children.

I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from any liability for any damage that may result from furnishing the same to you.

I acknowledge that this application becomes the property of St. Luke’s Episcopal School and said school reserves the right to accept or reject it.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Electronic Signature Implies Compliance

St. Luke’s Episcopal School employs qualified persons of any race, religion, color, national and ethnic origin, gender, sexual orientation, age, disability (if otherwise qualified to do the job), veteran status or any other characteristic protected by law to all rights, privileges, programs, and activities generally accorded or made available to the faculty and staff of the School. Our policy in this regard covers all employment decisions, including recruitment, hiring, placement, promotions, transfers, layoffs or terminations, rates of pay, employee benefits, and selection for training.