

St. Alban's Episcopal Day School, Inc.

1417 E. Austin

Harlingen, TX 78550

956/428-2326 Fax 956/428-8457

St. Alban's Episcopal Day School, Inc. considers applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legal protected status.

Application for Employment

Date _____

Please check (✓) all positions you are interested in:

_____ Preschool Teacher (2, 3 & 4 year olds) certification preferred but not required.

_____ Kindergarten Teacher (5 yr olds) must be degreed and certified

_____ Elementary Teacher (Grades 1-6) must be degreed and certified

_____ Teacher's Aide

_____ Special Subject: Name of Subject: _____

_____ Substitute: Grade Levels _____

_____ Daycare (must accumulate 15 hours of workshops annually)

Applicant's Name _____
First Middle Last (Maiden)

Address/City/State _____

Home Phone _____ Cell # _____

Please attach a recent photograph

Attach Photo
here or
(copy of driver's license)

TEACHER APPLICANTS MUST ALSO ATTACH A RESUME' AND COLLEGE TRANSCRIPTS.

Are you legally eligible for employment in the United States? _____

Place of Birth _____

Have you had a recent physical examination? _____ If yes, date? _____

Do you have any special health problems? _____

If yes, explain _____

List any certificates held and where awarded _____

Do you have a hobby that is relevant to this job? _____

Do you know any foreign languages? _____ List _____

List any membership in professional or civic organizations: _____

List any academic or civic awards you have received _____

List any special experience, training or interests not previously mentioned _____

High School Education

Name of High School _____

City/State _____ Year Graduated _____

or GED Certification (year) _____

References

Give five references, including supervisors, you have worked for.

Name & Position _____ Phone # _____

Name & Position _____ Phone # _____

Name & Position _____ Phone # _____

Name & Position _____ Phone # _____

Name & Position _____ Phone # _____

Person to contact in case of emergency:

Name & Relationship

_____ Phone # _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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

Signed _____ Date _____

St. Alban's Episcopal Day School, Inc.
REFERENCE CHECK

Applicant's Name _____

Position Applying For: _____

Authorization Statement

The individual named above has applied for employment with St. Alban's Episcopal Day School, Inc. The individual has authorized St. Alban's Day School to collect any information orally or in writing about their qualifications and past performance.

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	UNKNOWN
General appearance, appropriate dress, grooming				
Exercises professional judgment in absences from work				
Accepts constructive criticism and supervision				
Communicates information effectively				
Demonstrates good judgment				
Provides support and assistance when needed				
Is knowledgeable and current in field				
Is receptive to new ideas and change				

FOR TEACHER POSITIONS ONLY:

PLEASE RATE THE APPLICANT BY CHECKING THE APPROPRIATE BOX BELOW

CHARACTERISTICS	STRONG	SATISFACTORY	UNSATISFACTORY	UNKNOWN
Handles discipline matters in a fair and consistent manner				
Communicates student's successes and failures to parents				
Uses a variety of instructional methods				
Works well as part of an instructional team				

ADDITIONAL COMMENTS: _____

Do you recommend for employment? Yes _____ No _____

Signature Date

RELATIONSHIP TO APPLICANT:

(Check items which apply) Years Known

____ Worked under my supervision _____

____ Co-worker _____

____ Student _____

____ Other _____

Official Position

School District, Firm or Organization

City State/Zip

**EVALUATOR: THANK YOU FOR YOUR COOPERATION, PLEASE MAIL, DROP-OFF, OR FAX TO:
St. Alban's Episcopal Day School, Inc., 1417 E. Austin, Harlingen, TX 78550,
Fax # (956) 428-8457.**