



# St. 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.

<b>PLEASE PRINT</b>	Date of Application:		
Position(s) applied for:			
Referral Source      Employee <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/>			
Government Employment Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Other <input type="checkbox"/>			
Name of Source, if possible			
NAME			
First		Middle	Last
Address			
Street		City	State      Zip
Telephone (      )		Telephone (      )	
Fax (      )		Mobile (      )	
Pager (      )		Other (      )	
Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give date(s)			
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
<input type="checkbox"/> Substitute			

St. Cyprian's Episcopal School provides opportunities for children to grow to their potential academically, spiritually, and physically in a Christian community where they learn to accept themselves and others in society.

**EDUCATIONAL BACKGROUND**

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List School attended, years completed, degree or diploma earned, major and minor, if applicable. Please include high school.

SCHOOL	YRS.	DEG/DIP.	MAJOR/MINOR

**REFERENCES**

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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? \_\_\_\_\_

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List your preference of grade levels in priority order with the most preferred listed first. \_\_\_\_\_

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**EMPLOYMENT HISTORY**

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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 <input type="checkbox"/> No	
REASON FOR LEAVING			

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

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

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

**St. Cyprian's Episcopal School**

In submitting this application for employment, I authorize the investigation of all statements contained herein. 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 St. Cyprian's Episcopal School any information they may have concerning me. I further authorize the School to conduct a Childcare Criminal History check.

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 understand that if I am employed, it will be upon the recommendation of the Head of School, and 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

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**RETURN TO OFFICE: St. Cyprian's School  
1115 S. John Redditt Dr.  
Lufkin, TX 75904**

1. Completed Application
2. Current TB Test (within one year of beginning of upcoming school year)
3. Copy of all college transcripts
4. Copy of Teacher Certification