



APPLICATION FOR EMPLOYMENT

Episcopal School of Baton Rouge is an equal employment opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, gender, national origin, military status, or disability.

JOB-SPECIFIC INFORMATION

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| 1. Do you have a valid CDL driver's license? | Yes | No |
| 2. During the past five years, have you ever been denied a driver's license or convicted of a moving traffic offense, including, but not limited to, driving while intoxicated or reckless driving? If yes, please explain: | Yes | No |
| 3. If offered a position, are you willing to undergo a physical examination by a physician to prove you are physically able to perform the essential tasks of the job for which you have applied? If no, please explain: | Yes | No |
| 4. Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, that are necessary to perform the job(s) for which you are applying? If no, please explain: | Yes | No |

EMPLOYMENT HISTORY

Company or School Name _____
Address _____
Job Title and Duties _____
Dates of Employment _____
Reason for Leaving _____
Your Name When Employed, if Different From Present Name _____

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IF YOU WERE UNABLE TO LIST ALL PAST JOBS OR PERIODS OF UNEMPLOYMENT ON THIS FORM, PLEASE ATTACH ADDITIONAL INFORMATION ON A BLANK SHEET OF PAPER.

SCHOOLS ATTENDED

NAME OF SCHOOL & LOCATION	DID YOU GRADUATE? YES/NO	DEGREE/DIPLOMA CERTIFICATE	GRADE POINT AVERAGE	MAJOR COURSE OF STUDY

Technical, Vocational, Business or Military Training

Professional Seminars

Additional Job-Related Seminars, Short Courses, Workshops, or Other Educational Experiences

If Louisiana Certified, Give Certificate Type and Number and Area of Certification

REFERENCES: List three individuals who are not relatives.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

ADDITIONAL INFORMATION: Please add any additional information (except that which identifies your race, sex, age, religion, national origin, disability, or other non-job-related personal information) that you think may be relevant to a decision to hire you.

IMPORTANT

Please Read Carefully and Initial Each Paragraph Before Signing

By my signature and initials placed below, I promise that the information provided in this employment application (and accompanying résumé, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the School if I should be convicted of a felony, or any crime involving dishonesty or a breach of trust while my job application is pending or during my period of employment, if hired. _____Initials

I authorize the investigation of all statements contained in this application (and accompanying résumé, if any). I also authorize the School to contact my present employer (unless otherwise noted in this application form), past employers, and listed references. I understand that, if such information is pertinent to the job desired, the School may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Credit Reporting Act, I have the right to make a written request to the School, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. _____Initials

I authorize any person, school, current employer (except as previously noted), past employer(s), and organization named in this application form (and accompanying résumé, if any) to provide the School with relevant information and opinion that may be useful to the School in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements. _____Initials

If a contingent offer of employment is made, I consent to undergo a complete physical examination, including a drug screening exam and x-rays, and I consent to the release of any and all medical information deemed necessary by the School to determine my ability to perform the essential functions of the job. I also understand that if such a contingent offer of employment is made and the School receives information that I am physically or mentally unable to perform the essential functions of that job, with reasonable accommodation, that contingent offer of employment may be retracted by the School without further obligation. _____Initials

If a contingent offer of employment is made, I consent to a background check and to be fingerprinted. _____Initials

I understand that if my employment is terminated by the School for dishonesty, breach of trust, or any criminal acts, the proper authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment or engage in sales, investments, or other activities that create a conflict of interest with my position with this School. _____Initials

I understand that this application does not create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR THE TIME SPECIFIED IN THE EMPLOYMENT CONTRACT, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME according to terms specified in the employment contract. I also understand that requirements set out in this application are effective for any offer of employment and that verbal representations which purport to alter these terms and conditions are invalid and unenforceable. _____Initials

I understand that the terms and conditions of my employment, if hired, are subject to change at the School's discretion. _____Initials

Signed _____

Date _____

Return the completed application to:
The Head of School
Episcopal High School
3200 Woodland Ridge Boulevard
Baton Rouge, LA 70816