



EPISCOPAL DAY SCHOOL

Foundations for Life

Please answer all questions. Type or print clearly using black ink. Attach a copy of your resume (if applicable). This application will remain active for twelve months.

Personal Information

Last Name _____ First _____ Middle _____

Address _____

City State Zip _____

Telephone Number () _____ Email Address _____

Are you presently legally authorized to work in the United States? ___ yes ___ no

Are you 18 years of age or older? ___ yes ___ no

Have you ever been convicted of a crime? * ___yes ___no

Are there any felony charges pending against you? * ___yes ___ no

Identify all misdemeanor and felony convictions:

Please give dates, places, charges and disposition of all convictions, and any other information about convictions that you would like Episcopal Day School to consider:

Episcopal Day School will conduct a criminal history file check for all new employees to determine the existence of any arrest resulting in conviction.

**A yes response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for.*

Will you consider temporary employment? ___yes ___no

___ Full time ___ Part time ___ Either Available to work: ___ mornings ___ afternoons ___ any

Have you previously been employed at Episcopal Day School? ___ yes ___ no

Minimum salary requirements _____

Position applying for _____

Do you have relatives working at Episcopal Day School? ___ yes ___ no If yes, please list below:

Relative's Name _____ Department _____

Relative's Name _____ Department _____

Written Exercise

Please respond to the first question and then choose to respond to either the second or third question.

1. Why do you wish to work at Episcopal Day School?

(pick one)

2. What are your career goals?

3. What personal quality or skill that you possess would most enhance the position you seek with Episcopal Day School?

Employment History

Employer and Position _____

Employer Telephone () _____

Address City/State/ZIP _____

Supervisor's Name _____ May we contact your supervisor? ___yes ___no

Start Date _____ End Date _____

Ending Salary _____ Ending Title _____

Reason for leaving _____

Job duties: _____

Employer and Position _____

Employer Telephone () _____

Address City/State/ZIP _____

Supervisor's Name _____ May we contact your supervisor? ___yes ___no

Start Date _____ End Date _____

Ending Salary _____ Ending Title _____

Reason for leaving _____

Job duties: _____

Employer and Position _____

Employer Telephone () _____

Address City/State/ZIP _____

Supervisor's Name _____ May we contact your supervisor? ___yes ___no

Start Date _____ End Date _____

Ending Salary _____ Ending Title _____

Reason for leaving _____

Job duties: _____

Education

High School _____ Degree Earned/Year _____

College _____ Degree Earned/Year _____

College _____ Degree Earned/Year _____

Authorization and Understanding

I understand that Episcopal Day School may investigate my work and personal history and verify all data given on this Application for Employment, on related papers, and in interviews, and I authorize Episcopal Day School to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employees that are given in response to the inquiry. I authorize all individuals, schools, and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and Episcopal Day School from liability for damages in providing this information. I understand and acknowledge that any misrepresentation, omission, or incorrect statement of fact can result in rejection of my application, or, if hired, immediate discharge.

Name (please print) _____

Signature _____ Date _____

Authorization to Conduct A Background Check

I hereby authorize Episcopal Day School, 2248 Walton Way, Augusta, Georgia 30904 to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia (State wide GCIC) and in the National Sex Offender Registry because I will be working with children.

Employment Code: W.

Please include a copy of your driver's license

Full Name (Please Print) _____

Address _____

City State Zip Code

Social Security Number _____

Date of Birth _____ Sex _____ Race _____

Signature _____ Date _____

I _____ give consent to the above named to
Print Name

perform periodic criminal history background checks for the duration of my employment with Episcopal Day School.

EDS Requestor _____

Date Emailed to NAS Screening _____

Date Report Received from NAS Screening _____

Reviewed by _____

Consent Form Filed with the background check