



Application For Employment

Preparing Young Hearts and Minds for Life

We Love, We Teach, We Nourish, We Explore

St. James's Children's Center is an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis. It is our policy to provide equal employment opportunity to all qualified persons consistent with federal, state and local equal employment opportunity laws.

Employment Application

Please answer each question completely (incomplete applications will not be considered.)

Print clearly and carefully.

Date: _____ Job Applying for _____

Social Security Number: _____ DOB : _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone _____

Cell Phone: _____ Email: _____

Are you eligible to work in the U.S.? ____ Yes ____ No (*Must provide proof upon employment*)

Can you lift 40 pounds? ____ Yes ____ No Are you 18 years of age or older? ____ Yes ____ No

Do you have a valid Virginia driver's license with a good driving record? ____ Yes ____ No

Are you willing to drive a student activity bus (CDL not required)? ____ Yes ____ No

Have you ever been employed at St. James's Children's Center? ____ Yes ____ No if yes, please list dates of employment: _____

Do you have relatives presently working at St. James's Children's Center? ____ Yes ____ No

If yes, who: _____

Briefly state why you would like to work for the Children's Center:

Do you have any health problems which may interfere with fulfilling your job duties: ____ Yes ____ No If yes, please explain: _____

How did you hear about St James's Children's Center: Newspaper Ad ____ Rehire ____ Internet ____
Publication ____ Friend/relative ____ Other _____

EMPLOYMENT HISTORY

Are you currently employed? ☐ Yes ☐ No
 Please begin with current or last employer)

Company 1: _____ Supervisor's Name & Title: _____

Address: _____ Phone _____

Position: _____ Dates Worked: From _____ to _____

Rate of Pay: _____

Duties:

Reason for Leaving:

Company 2: _____ Supervisor's Name & Title: _____

Address: _____ Phone: _____

Position: _____ Dates Worked: From _____ to _____

Rate of Pay: _____

Duties:

Reason for Leaving:

How much time have you missed from work/school during the past 12 months?

Have you ever been discharged from any position? ☐ Yes ☐ No If yes, please explain:

Have you ever been found guilty of a felony or misdemeanor? ____Yes ____ No If yes, please explain:

(This does not automatically exclude you from consideration for employment.)

EDUCATION

High School Name:

Address:

Year Graduated: _____ GED: __Yes ____No Year of GED: _____

College:_____

Course or Major: _____ Graduated: ____Yes ____ No Year Graduated:

Other School(s) Attended:

In what activities and organizations, or volunteer work including athletics, did you participate in school?

Please summarize any additional information necessary to describe your full qualifications:

REFERENCES

Please list a minimum of 3 references:

1. Reference Name: _____ Relationship to Reference: _____
 Phone Number: _____ Email: _____
2. Reference Name: _____ Relationship to Reference: _____
 Phone Number: _____ Email: _____
3. Reference Name: _____ Relationship to Reference: _____
 Phone Number: _____ Email: _____

Please read the following carefully before signing and dating this application.
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In consideration of my employment, I hereby agree and acknowledge the following: I agree to conform to the Center's rules and regulations as they may be issued or modified from time to time. I understand that my employment and compensation (if hired) is not for a definite period of time and may, regardless of the date of payment of my wages or salary, be terminated with or without cause, and with notice, at any time, at my option or the option of the Center. I agree that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract or contract by implication. I understand that this employment application will be considered for only ninety (90) days. At the end of that time, if I still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I certify that the information contained in the Application for Employment is correct and complete to the best of my knowledge, and I understand that falsification, misrepresentation or omission of facts called for in this application, even if such falsifications, misrepresentations or omission is discovered years later, is grounds for disqualification from further consideration or will result in termination of my employment without notice.

I also understand that drugs and alcohol, unless legally prescribed under the direction of a physician, is prohibited and if suspected, is caused for immediate dismissal. In addition, by signing this application, I acknowledge that St. James's Children's Center may conduct a 'Background Investigation' that may include without limitation, a criminal history and/or criminal records check.

Signature of Applicant: _____ Date: _____