



St. Mark's Episcopal School Employment Application

7615 FM 762
Richmond, TX 77469
281-545-1296
www.smes.rocks
schooloffice@stmarksfortbend.org

PERSONAL INFORMATION:

First Name _____ Middle Name _____

Last Name _____ Social Security Number _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____ Alternate Phone Number: (____) _____

Email Address: _____

Are you eligible to work in the United States? Yes _____ No _____

A background check is done on all hired employees. Have you been convicted of or pleaded no contest to a felony within the last five years? No____ Yes____ If yes, please explain:

POSITION/AVAILABILITY: Position Applied For _____

What date are you available to start work? _____

EDUCATION

Name and Address of School	Degree or Diploma	Graduation Date	Type of Degree or # of hours toward degree

SKILLS AND QUALIFICATIONS: List your skills as related to this job, training and awards

- Can you cut out patterns? Yes No Can you glue projects together? Yes No
- What experience do you have taking care of children?
- Other Skills?

EMPLOYMENT HISTORY

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____ Title _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____ Title _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact Your Current and Past Employers? Yes _____ No _____

References: Please provide 3 non-family references (letters may be attached if available)

Name	Title	Address	Please Check One
			<input type="checkbox"/> Family
			<input type="checkbox"/> Friend
			<input type="checkbox"/> Co-worker
			<input type="checkbox"/> Supervisor
			<input type="checkbox"/> Other
			<input type="checkbox"/> Family
			<input type="checkbox"/> Friend
			<input type="checkbox"/> Co-worker
			<input type="checkbox"/> Supervisor
			<input type="checkbox"/> Other
			<input type="checkbox"/> Family
			<input type="checkbox"/> Friend
			<input type="checkbox"/> Co-worker
			<input type="checkbox"/> Supervisor
			<input type="checkbox"/> Other

7615 F.M. 762 Richmond, TX 77469

Office: (281) 545-1296 Fax: (866) 830-8060 • stmarksfortbend.org

Are you related to anyone working for St. Mark's School or on the School Board?

Yes_____ No _____

If yes, please provide the name of person you are related to: _____

Have you ever been fired or not had a contract renewed by a child care center or a school? Yes__ No __

If yes, please explain:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____ Date_____