

Trinity Episcopal Day School, Inc.

501 South Cincinnati Avenue
Tulsa, OK 74103

EMPLOYMENT APPLICATION

Instructions

Please answer all questions. Your application will be compared to other applicants and those candidates whose qualifications best meet the needs for a particular opening will be contacted. All active applicants will be considered.

Trinity Episcopal Day School is an Equal Opportunity Employer. All qualified individuals are considered for employment regardless of race, religion, color, age, sex, national origin, veteran status, physical or mental disability, or other legally protected status.

FOR USE BY ADMINISTRATIVE PERSONNEL ONLY

Date: _____

Interviewed: Yes _____ No _____

Employed: Yes _____ No _____

Start Date: _____

Annual Salary: _____ Effective: _____

Or

Hourly amount: _____ Effective: _____

Approved by: _____

NAME		DATE	
ADDRESS			
CITY, STATE, ZIP		PHONE NUMBER-HOME	
ALTERNATE PHONE NUMBER/CONTACT		SOCIAL SECURITY NUMBER	
WERE YOU REFERRED TO TRINITY? <input type="checkbox"/> NO <input type="checkbox"/> YES-BY WHOM?			
POSITION OR TYPE OF WORK FOR WHICH APPLICATION IS MADE			
HAVE YOU EVER BEEN FOUND GUILTY OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER WORKED AT AN NAEYC ACCREDITED CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HIGH SCHOOL, COLLEGE, UNIVERSITY OR TRADE SCHOOL	ATTENDED FROM	ATTENDED TO	MAJOR	DEGREE TITLE	DEGREE DATE	SEMESTER HOURS

CDA <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, <input type="checkbox"/> INFANT / TODDLER <input type="checkbox"/> PRESCHOOL EXPIRATION DATE:	CERTIFICATE OF MASTERY <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OBTAINED:
LANGUAGES YOU READ OR SPEAK:	(PLEASE COMPLETE NEXT PAGE)

WORK EXPERIENCE:

Give record of each employment which you have held for the last 10 years. Start with present or last and work back through previous positions.

DATES-FROM	DATE-TO	TITLE OF POSITION	SALARY-STARTING	SALARY-FINAL
NAME OF EMPLOYER	DUTIES			
ADDRESS				
NAME OF SUPERVISOR	REASON FOR LEAVING			
DATES	DATE	TITLE OF POSITION	SALARY-STARTING	SALARY-FINAL
NAME OF EMPLOYER	DUTIES			
ADDRESS				
NAME OF SUPERVISOR	REASON FOR LEAVING			
DATES	DATE	TITLE OF POSITION	SALARY-STARTING	SALARY-FINAL
NAME OF EMPLOYER	DUTIES			
ADDRESS				
NAME OF SUPERVISOR	REASON FOR LEAVING			
DATES	DATE	TITLE OF POSITION	SALARY-STARTING	SALARY-FINAL
NAME OF EMPLOYER	DUTIES			
ADDRESS				
NAME OF SUPERVISOR	REASON FOR LEAVING			

Use this space to describe your interest in working here and the skills and aptitudes you possess which would be beneficial. (You may wish to include community activities, special training, experience not listed above.)

I hereby authorize Trinity Episcopal Day School to obtain from my former employees all data needed to support this application. I hereby certify that the foregoing statements are, to the best of my knowledge, true and correct; and I agree that any misstatement or omission as to material fact will constitute grounds for unfavorable consideration of my application or dismissal from the employ of Trinity Episcopal Day School.

You may contact my present employer: Yes No

Applicant's Signature: _____ Date: _____