METHODIST DAY SCHOOL

4308 West Davis - Conroe, TX 77304

Phone: 936-494-1840 Fax: 936-539-6064

APPLICATION FOR EMPLOYMENT

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status and citizenship status. The receipt of this application does not mean that job openings exist or does not obligate us in any way. We appreciate your interest in our organization.

Date of Application:				
PERSONAL INFORMATION				
Name				
Last	First		Middle	
Present Address				
Address		City	State	Zip
How long have you lived	at above address?_		E .	
Previous address Address	4			
Address		City	State	Zip
Phone Number				
Social Security Number _				
Are you over the age of 1	8? () Yes () N	0		
If you are not a citizen of employed in the United S			roof that you c	an legally be
EM	PLOYMENT	INFORMA	ΓΙΟΝ	
Position applying for: ()	Teacher () Aide	() Extended Car	re () Substit	ute
What days and hours are		() 2 Days () 3 I		
Date available for work:				
Desired salary/hourly rate	e?			

Have you ever applied for a job with us before? () Yes () No
Have you ever worked for us before? () Yes () No
Have you ever been charged, convicted of or plead guilty to a crime, either a misdemeanor or a felony including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations? () No () Yes
If yes, please explain fully:
Does your present employer know of your plans to change employment? () Yes () No Why do you desire to make a change?
Have you ever held a position of trust (handling money or confidential material)? () Yes () No
Do you have any personal responsibilities or problems that may affect your daily attendance? () Yes () No
If yes, please explain

EDUCATION INFORMATION					
SCHOOLING	YEARS	DEGREE	NAME OF	LOCATION	DID YOU
	COMPLETED	RECEIVED/	SCHOOL		GRADUATE?
		MAJOR	9		
Grammar or					
High School	9		÷		
	s				
Trade/Business		P-1			
School					
			Α.		
College	10				
Graduate					
School or					
Seminary			91		

*If additional space is needed, you may attach separate paper to this form

Describe any other specialized or	professional training (i.e	computers, etc.).
If you are presently enrolled in scl	hool, what are you study	ng?
PR	IOR WORK REC	CORD
*(Sta	rt with most recent or presen	t employer)
1. Name of Employer		*
Address		
Phone Number		
Name and Position of Immediat	te Supervisor	
Date of Employment: From	То	
Starting Rate: \$	Ending Rate \$	
Your Position, Title and Duties		
Reason for Leaving		
2. Name of Employer		
2. Name of EmployerAddress		Phone Number
2. Name of Employer Address Name and Position of Immediat	te Supervisor	Phone Number
2. Name of Employer Address Name and Position of Immediate Date of Employment: From	te SupervisorTo	Phone Number
2. Name of Employer Address Name and Position of Immediat Date of Employment: From Starting rate: \$	te Supervisor To Ending Rate \$	Phone Number
2. Name of Employer Address Name and Position of Immediat Date of Employment: From Starting rate: \$ Your Position, Title and Duties	te Supervisor To Ending Rate \$	Phone Number
2. Name of Employer Address Name and Position of Immediat Date of Employment: From Starting rate: \$ Your Position, Title and Duties	re Supervisor To Ending Rate \$	Phone Number
2. Name of Employer Address Name and Position of Immediat Date of Employment: From Starting rate: \$ Your Position, Title and Duties Reason for Leaving	To Ending Rate \$	Phone Number
Address	To Ending Rate \$	Phone Number Phone Number
Address	To Ending Rate \$	Phone Number Phone Number
Address	To To Ending Rate \$ To	Phone Number Phone Number
Address Name and Position of Immediat Date of Employment: From Starting rate: \$ Your Position, Title and Duties Reason for Leaving Name of Employer Address Name and Position of Immediat Date of Employment: From	To To Ending Rate \$ Te Supervisor To	Phone NumberPhone Number
Address	te Supervisor To Ending Rate \$ Te Supervisor To Ending Rate \$	Phone NumberPhone Number

REFERENCES

*(Do not list relatives)

Name		
Phone Number		
Number of Years	Known	Occupation
Name		
I Holle Number _		
Number of Years	Known	Occupation
14		
Name		
Phone Number		
Number of Years Known		Occupation
u c a	nderstand that if emponsidered sufficient of my investigation of my	by application for employment are true and complete. I aloyed, false statements on my application shall be cause for dismissal. You are hereby authorized to make by personal history, financial and credit record through any agencies or bureaus of your choice.
		oyment at this organization is "at will", and includes no promise of employment for any specified length of time.
s d c I	upplements to verify octors, all references oncerning my ability	any information in this application and any attached my statements, and I authorize the past employers, and any other persons to answer all questions asked character, reputation, and previous employment record. One from any liability or damages on account of having ation.
Signature of App	licant	Date