



**ST. LUCY'S
PRIORY
HIGH SCHOOL**
G L E N D O R A , C A

655 WEST SIERRA MADRE AVE.
GLEN DORA, CA 91741
WWW.STLUCYS.COM

EMPLOYMENT APPLICATION

Date of Application: _____

Position: _____

GENERAL DATA (Please Print)

LEGAL	First Name	Middle Name	LAST Name
Other Name under which you have been employed: _____			
Present Address: _____			
	Street	City	State Zip
Home Telephone: (____) _____		Social Security Number: _____	
Position Desired: _____		Date Available: _____	
Religion: _____		Parish: _____	
How were you referred to us? _____			
If you are not a U.S. Citizen, have you the legal right to remain permanently in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO Visa number: _____			
Have you ever been convicted of a crime other than traffic infractions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: _____			
Do you have a relative employed at this school: _____ Relationship: _____			
Do you have any physical limitations that would hinder your performance in the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: _____			

EDUCATION:

High School: _____

Name

Address

Date of Graduation

College: _____

Name

Address

Date of Graduation

Degree(s):

Professional or Technical Schools: _____

Specific Skills: _____

WORK EXPERIENCE: List all jobs during the past ten years. Account for all periods of military service and unemployment.

Are you employed at present? ___ YES ___ NO. May we contact your present employer? ___ YES ___ NO.

EMPLOYER: _____ PHONE: (____) _____
ADDRESS: _____
Street City State Zip
JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____
NATURE OF DUTIES: _____

REASON FOR LEAVING: _____
EMPLOYED : From: _____ To: _____

EMPLOYER: _____ PHONE: (____) _____
ADDRESS: _____
Street City State Zip
JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____
NATURE OF DUTIES: _____

REASON FOR LEAVING: _____
EMPLOYED : From: _____ To: _____

EMPLOYER: _____ PHONE: (____) _____
ADDRESS: _____
Street City State Zip
JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____
NATURE OF DUTIES: _____

REASON FOR LEAVING: _____
EMPLOYED : From: _____ To: _____

CERTIFICATION:

Are you willing to support the philosophy of Catholic education as expressed in the philosophy of this school? ___ YES ___ NO

I certify that the answers given by me to the foregoing questions and statements are true, correct and without omissions. I authorize the School to investigate the foregoing, and any other information which might assist the School to determine my qualifications for employment. I release the School and my former employers, and all others from liability for damage which may result from such investigation. If, upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of my employment.

Signature: _____ Date: _____