



The Pharr Oratory of St. Philip Neri School System

1407 W Moore Rd.

Pharr, TX 78577

Application of Employment

(Please print legibly and fill out the Entire Application)

The Pharr Oratory of St. Philip Neri School System complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, creed, handicapped condition/disability or other protected classification unless a particular factor is determined to be a bona fide occupational qualification.

Position applied for _____ Date _____

Previously employed by us? _____ When? _____ Position _____

Who referred you to us? _____

If your application is considered favorably, on what date will you be available for work?

_____ Desired Salary: \$ _____

After reviewing the job description, can you perform the essential functions with or without reasonable accommodation? _____

Personal

Name: _____

Address: _____

Telephone #'s: _____ (hm.) _____ (wk.) _____ (cell)

Social Security #: _____ - _____ - _____ Date of Birth: _____

Driver's License: Class _____ State _____ License #: _____ Expires: _____

Are you legally eligible for employment in the USA? ___ Yes ___ No If yes, verification will be required)

Religious Affiliation: _____ E-mail: _____

Are you currently employed? _____ May we contact your present employer?

Have you ever been convicted of violating any law (except traffic violation)? _____

(*If yes, give date, place, and details). _____

*A conviction record will not necessarily disqualify an applicant from employment. The nature of the offense will be considered in relation to the position applied for.

List any relatives/friends employed by us: _____

U.S. Military Experience and Training: ___ Yes ___ No If so, how long? _____

Employment History
(Most Recent First)

MAY WE CONTACT YOUR PRESENT or LAST EMPLOYER? YES NO

1. Employer: _____ Job Title: _____
Dates Employed (MO. AND YR.): From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Immediate Supervisor: _____
Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

2. Employer: _____ Job Title: _____
Dates Employed (MO. AND YR.): From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Immediate Supervisor: _____
Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

3. Employer: _____ Job Title: _____
Dates Employed (MO. AND YR.): From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Immediate Supervisor: _____
Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

4. Employer: _____ Job Title: _____
Dates Employed (MO. AND YR.): From: _____ To: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Immediate Supervisor: _____
Starting Salary: _____ Ending Salary: _____
Duties Performed: _____
Reason for Leaving: _____

	Name/City/State	Month/Year	Graduated?	Diploma/Degree
ELEMENTARY		FROM:		
		TO:		
HIGH SCHOOL		FROM:		
		TO:		
COLLEGE		FROM:		
		TO:		
GRADUATE		FROM:		
		TO:		
OTHER (specify)		FROM:		
		TO:		

(Official copy of your college transcripts, degree(s), and certificate(s) will be required)

List any specialized training/professional certification? _____

Office Equipment Skills: _____

Computer Literacy (Courses, software mastered, certificates):

Foreign Language: Spoken _____ Read _____ Write _____

Personal References

Give name, address, telephone # of three references (NOT relatives or former employers)

Name/Address	Occupation	Phone #
1.		
2.		
3.		

I hereby authorize, _____, to which I am applying for employment to contact my previous employers and personal references.

Signature Date

I hereby certify that the answers to all of the foregoing questions are true, complete, and accurate. I clearly understand that false statements on this application shall be considered sufficient cause for refusal of employment or, if employed, I will be on probation for a specified length of time and that my continued employment will be contingent upon meeting acceptable job performance standards and abiding by the policies and regulations of the Pharr Oratory of St. Philip Neri School System.

Signature Date

Please use this space to express your views on bilingual, Catholic education. (In your own handwriting.)

AUTHORIZATION TO RELEASE INFORMATION

In connection with my application for employment with the Pharr of St. Philip Neri School System, Oratory Academy/Oratory Athenæum of University Preparation, I understand that inquiries will be made concerning my employment background and qualifications, character, education, and other related matters, such as criminal and driving records, which may be relevant to my employment qualifications. Accordingly, I hereby authorize my former employers, schools, criminal justice and other agencies, or persons named as references to release to the Oratory Academy/Oratory Athenæum any and all pertinent information relating to my employment or educational work habits, job performance, attendance, skills and /or abilities, disciplinary actions, arrests, and conviction records.

I hereby release any individual, agency, or company, including records custodians, from any and all liability for damages of whatever nature, which at any time result from compliance with this authorization. I agree that the Oratory Academy/ Oratory Athenæum shall not be held liable if the job offer is subsequently withdrawn.

This authorization shall be valid for three months from the date of my signature below.

Applicant's Name: _____
Print

Applicant's Signature: _____ Date: _____