



Xavier  
Charter  
School

## Non-Certified Positions

# Application

Name \_\_\_\_\_  
Last First Middle

Social Security No. \_\_\_\_\_ Date available for employment: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Until \_\_\_\_\_ Street City State Zip

Designate the position(s) for which you are applying: (1) \_\_\_\_\_ 2) \_\_\_\_\_

### PROCEDURES:

1. Filing an application includes: completed application form, resume, and letters of reference. All required documents become the property of Xavier Charter School upon receipt.
2. Write a separate narrative, not to exceed 250 words, identifying your knowledge, strategies, and/or abilities as they apply to the position(s) for which you are making application.
3. Preliminary screening of applicants will be based on ability to meet job description requirements as evidenced by completed application, placement files and transcripts. Supportive job-related information not on this form nor in credentials may be submitted by the applicant. A personal interview may be required before an applicant can be recommended for employment.
4. Employment is dependent upon passing of mandatory drug testing and background checks.
5. Assignment within the school is made by the Board of Directors or their designee.
6. Applicants may not be discriminated against because of sex, race, color, ancestry, age, exceptionality, national or ethnic origin, religion, conditions of birth, disability, or family or political relationship. Xavier Charter School is an Affirmative Action/Equal Opportunity Employer. Applications from all qualified individuals are considered.

This is not a contract for employment.

I hereby certify that the information contained in this application is a true and complete statement of my personal record to date. If employed, any misstatement or omission of fact on the application may result in my dismissal.

DATE OF APPLICATION: \_\_\_\_\_ Signature \_\_\_\_\_



# Employment

Have you completed the background check require by the State of Idaho?  Yes  No

Have you ever been convicted of a felony?  Yes  No

*(If "yes", please explain by confidential letter.*

*The existence of a criminal record does not constitute an automatic bar to employment.)*

**List any certificates** that you hold:

Certificate \_\_\_\_\_ Dates \_\_\_\_\_

Certificate \_\_\_\_\_ Dates \_\_\_\_\_

# Education

College or University \_\_\_\_\_ Location \_\_\_\_\_

Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Accumulated GPA \_\_\_\_\_

College or University \_\_\_\_\_ Location \_\_\_\_\_

Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Accumulated GPA \_\_\_\_\_

College or University \_\_\_\_\_ Location \_\_\_\_\_

Degree \_\_\_\_\_ Date Received \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Accumulated GPA \_\_\_\_\_

High School \_\_\_\_\_ Location \_\_\_\_\_

Date of graduation \_\_\_\_\_ Accumulated GPA \_\_\_\_\_

Organizations to which I belong:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors I have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Work Experience

List the most recent experience first. Please indicate month/year of employment (e.g. 9/97 to 12/97)

<b>Work Place</b>	<b>Supervisor</b>		
Job Description	<b>Dates</b>	<b>to</b>	<b>Number of years</b>
Reasons for leaving or wishing to leave:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Phone/Address</b>			
<b>Work Place</b>	<b>Supervisor</b>		
Job Description	<b>Dates</b>	<b>to</b>	<b>Number of years</b>
Reasons for leaving or wishing to leave:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Phone/Address</b>			
<b>Work Place</b>	<b>Supervisor</b>		
Job Description	<b>Dates</b>	<b>to</b>	<b>Number of years</b>
Reasons for leaving or wishing to leave:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Phone/Address</b>			



# References

*Give three current references who are capable of assessing your ability to perform the work for which you are applying. Include the names of supervisors who have first-hand knowledge of your ability, character, personality and scholarship,*

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

State

Zip

# Consent and Release Statement

I \_\_\_\_\_ (Please Print Your Name )

Date of Birth \_\_\_\_\_ , Social Security Number \_\_\_\_\_  
Month Date Year

I hereby authorize any authorized representative of Xavier Charter School bearing this release, or copy thereof, within one year of its date, to obtain any information in your files concerning me, under the name above and under any alias or other first or last name, pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary, and medical records. I hereby direct you to release such information upon request of the bearers. This release is executed with full knowledge and understanding that the information is for the official use of Xavier Charter School. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I am furnishing my Social Security number on a voluntary basis with the understanding that such is not required by federal statute or regulation. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_