Mount Saint Dominic Academy

APPLICATION FOR EMPLOYMENT – ATHLETICS

DATE: _____

NAME _____
Last *First* *Middle*

ADDRESS _____
Street *City* *State* *Zip*

HOME PHONE _____ **CELL PHONE** _____ **EMAIL** _____

POSITION APPLIED FOR _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

_____

EMPLOYMENT YEARS EMPLOYED	NAME & ADDRESS OF EMPLOYER	POSITION

EDUCATION	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	TOT. YEARS OF STUDY	DEGREE/ DIPLOMA
HIGH SCHOOL				
UNDERGRADUATE-COLLEGE				
GRADUATE/PROFESSIONAL				
OTHER (SPECIFY)				

COACHING EXPERIENCE	NAME & ADDRESS OF SCHOOL	FROM	TO

HAVE YOU EVER BEEN EMPLOYED BY MOUNT SAINT DOMINIC ACADEMY? YES _____ NO_____
If yes, when?

DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY MOUNT SAINT DOMINIC ACADEMY? YES _____ NO_____
If yes, please provide their names and relationship to you:

ARE YOU CURRENTLY EMPLOYED? YES _____ NO_____

MAY WE CONTACT YOUR EMPLOYER? YES_____ NO_____

ARE YOU CURRENTLY ON "LAY OFF" STATUS AND SUBJECT TO RECALL? YES_____ NO_____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK IN THE U.S.? YES_____ NO_____

ARE YOU ABLE TO PERFORM ALL OF THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? YES_____ NO_____

IF HIRED, ARE THERE ANY ACCOMMODATIONS THE COMPANY WOULD NEED TO PROVIDE SO THAT YOU CAN PERFORM ALL THOSE ESSENTIAL FUNCTIONS AND DUTIES OF THE POSITION BEING APPLIED FOR? YES_____ NO_____

Additional information:

DRIVING MAY BE A REQUIREMENT OF THE POSITION YOU ARE APPLYING FOR. HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE (DUI) IN THE LAST 7 YEARS? YES_____ NO_____

If yes, please explain:

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES _____ NO_____

REFERENCES (NAME)	RELATIONSHIP	ADDRESS	TELEPHONE

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the rules and regulations of Mount Saint Dominic Academy and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Mount Saint Dominic Academy's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Mount Saint Dominic Academy. I understand that a background check will be performed.

DATE _____ **SIGNATURE** _____

FOR OFFICE USE:
Interviewed by: **Date:**
Comments: