

EDUCATIONAL BACKGROUND

Include Colleges, Universities, High Schools attended

Name	Dates	Major/Minor	Degree Earned

EMPLOYMENT EXPERIENCE

Teaching Certificate (if applicable)

Subject	Number	State Granted	Dates

Employment Experience

School/Company Name:			
Address:			
Dates Employed:		Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Grades/Subjects Taught:	<i>(if applicable)</i>		
Reason for Leaving:			

School/Company Name:			
Address:			
Dates Employed:		Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Grades/Subjects Taught:	<i>(if applicable)</i>		
Reason for Leaving:			

School/Company Name:			
Address:			
Dates Employed:		Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Grades/Subjects Taught:	<i>(if applicable)</i>		
Reason for Leaving:			

School/Company Name:			
Address:			
Dates Employed:		Status:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Grades/Subjects Taught:	<i>(if applicable)</i>		
Reason for Leaving:			

RELATED SKILL & EXPERIENCE

Interdisciplinary teaching, or experience teaching in integrated programs:

Sports coached:

Activities sponsored:

Community Service:

Other experiences and skills:

Computer Literacy:

List equipment and software that you are experienced in using:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Outlook | <input type="checkbox"/> Graphics & Multimedia | <input type="checkbox"/> Windows XP |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Adobe Acrobat | <input type="checkbox"/> Technology Integration | <input type="checkbox"/> Mac Operating Systems |
| <input type="checkbox"/> MS Publisher | <input type="checkbox"/> Adobe Photoshop | <input type="checkbox"/> HTML | <input type="checkbox"/> SMART Notebook |
| <input type="checkbox"/> MS Power Point | <input type="checkbox"/> Contribute CS3 | <input type="checkbox"/> Senior Systems | <input type="checkbox"/> Rubicon Atlas |

Other computer skills not listed:

HEALTH & SAFETY



Are you currently certified in First Aid?

Yes No

Are you currently certified in CPR?

Yes No

AMERICANS WITH DISABILITIES ACT / WASHINGTON LAW AGAINST DISCRIMINATION

Can you perform the essential duties for this position, with or without reasonable accommodation?

REFERENCES

If applicable, include principals, department chairs, or directors who have first-hand knowledge of your character, intellectual ability, teaching skills, and kinds of experience listed above.

Name:	<input type="text"/>	Title:	<input type="text"/>
School or Company:	<input type="text"/>		
Address:	<input type="text"/>		
Work Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>		

Name:	<input type="text"/>	Title:	<input type="text"/>
School or Company:	<input type="text"/>		
Address:	<input type="text"/>		
Work Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>		

Name:	<input type="text"/>	Title:	<input type="text"/>
School or Company:	<input type="text"/>		
Address:	<input type="text"/>		
Work Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>		

Name:	<input type="text"/>	Title:	<input type="text"/>
School or Company:	<input type="text"/>		
Address:	<input type="text"/>		
Work Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>		

CERTIFICATION

By typing or signing my name below, I hereby certify that the information provided on this application is truthful and accurate and that it fairly represents my work history. I understand that omissions or falsehoods on this application may prevent my application from being reviewed. I authorize St. Thomas School to obtain information about my criminal records, if any, from the Washington State Patrol or other law enforcement agency. I also authorize the school to obtain information from my prior employers and schools, to investigate information provided in my application, and to contact others listed or not listed on my employment application about my work history, education, qualification, or fitness for employment. I release the school and all persons providing information from any liability for obtaining and offering that information, regardless of outcomes.

Signature: _____

Date: _____

The completed application, together with attachments can be sent:

BY EMAIL:

info@stthomasschool.org

Or

BY MAIL:

Administrative Assistant to the Head of School, St. Thomas School, 8300 N.E. 12th St., Medina, WA 98039

www.stthomasschool.org