



ST. ALBERT THE GREAT ACADEMY

EMPLOYMENT / JOB APPLICATION

Please complete each section EVEN IF you decide to attach a resume.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

DATE AVAILABLE FOR EMPLOYMENT: _____

SALARY EXPECTATIONS: \$ _____ HOUR SALARY

POSITION APPLYING FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

134 Washington Street Auburn, NY 13021
315-283-0555 stalbertacademy.com



ST. ALBERT THE GREAT ACADEMY

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PROFESSIONAL LICENSES/CERTIFICATIONS

License/Certification 1: _____

Provisional or Permanent License # _____

Name of issuing agency: _____

Effective Date: _____ Expiration Date: _____

License/Certification 2: _____

Provisional or Permanent License # _____

Name of issuing agency: _____

Effective Date: _____ Expiration Date: _____

License/Certification 3: _____

Provisional or Permanent License # _____

Name of issuing agency: _____

Effective Date: _____ Expiration Date: _____



ST. ALBERT THE GREAT ACADEMY

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____



ST. ALBERT THE GREAT ACADEMY

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

| |
|---|
| REFERENCES (ideally include 2 supervisors and a co-worker) |
|---|

FULL NAME: _____ RELATIONSHIP: _____
First Last

ADDRESS: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

ADDRESS: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

ADDRESS: _____

E-MAIL: _____ PHONE: _____



ST. ALBERT THE GREAT ACADEMY

AUTHORIZATION

I hereby authorize St. Albert the Great Academy to investigate references from my previous or current employers. I further authorize any former employer, military records center, and any former school, college, university, or organization to provide St. Albert the Great Academy any and all information including, but not limited to, information as to my character, work habits, work performance and education, qualifications, and fitness for the position, thereby releasing and discharging said institutions from any claims, liabilities or damages whatsoever incurred in furnishing such information. Additionally, St. Albert the Great Academy is authorized to perform an investigation concerning my background as deemed necessary for this position.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

AFFIRMATION

Applicant understands that St. Albert the Great Academy is a private school which teaches Catholic religious teachings. In the event employment is offered, applicant agrees to act in a manner compliant to such teachings while employed. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____