



St. Agnes Catholic School

205 E 23rd Street

Scottsbluff, NE 69361

Phone: (308)632-6918

Fax: (308) 632-6943

Email: office@st-agnes-school.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____
Home Cell Phone Work Phone

Email Address: _____ Social Security No: _____
(Voluntary)

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
☐ ☐ ☐ ☐

Have you previously been employed by St. Agnes? YES NO If yes, when? _____
☐ ☐

Have you ever been convicted of a felony? YES NO
☐ ☐

If yes, explain: _____

Education and Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
☐ ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Certificates, Licenses & Skills (please attach additional pages, if necessary.)

Name of License(s) or Certificate Number: _____ State: _____ Expiration Date: _____

St. Agnes Catholic Church and School is an Equal Opportunity Employer

Experience

List your most recent experience first and account for all experience during the last 10 years including U.S. Military Service and/or volunteer experience. Attach additional pages if needed. You may attach your resume or job related certificates.

A resume is not a substitute for completing this section of the application.

Employer:	Job Title:		
Supervisor's Name:	Supervisor's Phone: ()		
Street Address:	City:	State/Zip:	
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			
Reason for Leaving:			

Experience (continued)

Employer:	Job Title:		
Supervisor's Name:	Supervisor's Phone: ()		
Street Address:	City:	State/Zip:	
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			
Reason for Leaving:			

Work/Personal References

Name:	Phone: ()		
Address:	City:	State:	Zip:
Name:	Phone: ()		
Address:	City:	State:	Zip:
Name:	Phone: ()		
Address:	City:	State:	Zip:

Tell us what special qualities/qualification you possess that should cause us to want you as part of our professional team.

Agreement

Agreement of Applicant: I certify that the statements in this application and accompanying materials are true, complete and correct to the best to my knowledge, and understand that misrepresentation or deliberate omission of fact may subject me to disqualification or dismissal. I understand and agree to having a personal criminal background check conducted upon me with the results being kept in my personnel file and to furnish proof of education and citizenship or legal right to work in this country as may be required as a condition of my employment.

Signature: _____ Date: _____