

Shorecrest PREPARATORY SCHOOL

5101 First Street NE, Saint Petersburg, FL 33703-3099 727.522.2111 www.shorecrest.org Fax 727.527.4191

Application for Employment (Confidential) (WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

Shorecrest acknowledges its obligation to prohibit discrimination, harassment, or retaliation on the basis of race, color, religion, age, national origin, sex, pregnancy, sexual orientation, gender identity or expression, citizenship status, genetic information, handicap or disability, veteran status, in admissions, access, employment, tuition assistance, educational policies, or the school administered student and employee programs and activities. Questions regarding the School's compliance with the application and administration of the School's nondiscrimination policies should be directed to Kristine Grant, Head of Middle School & In-House Counsel, 5101 First Street Northeast, St. Petersburg, Florida 33703, (727) 522-2111, kgrant@shorecrest.org or to the U.S. Department of Education's Office for Civil Rights (OCR).

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the School or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the School. I also authorize the School to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I authorize the School to search and review all social media sites for information about me. I understand that such query is undertaken to ensure that I have not engaged in any inappropriate or unprofessional behaviors that are contrary to the mission of the School.

I understand that the School reserves the right, to the extent permitted by law, to require fingerprinting, background, drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the School or its designee. I release the School and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other School documents are not promises of employment. If I am hired and not employed pursuant to a contract of employment that contains a specific duration of employment, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the School has a similar right. I understand that no manager, representative, or agent of the School has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the Headmaster may do so in writing. If I am hired under a contract, the contract will control the terms of my employment.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the School's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Applications are kept on file for one year.

	DO NOT SIGN CIVILE TOO INTIE HELD THAD CIVEENSTING THESE STITLEMENTS.					
Date		Applicant's Sign				

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

GENERAL INSTRUCTIONS:

Please PRINT clearly when completing this application in its entirety. If an item does not apply, respond by using "NA". If more space is needed for your response, please attach additional sheets.

PERSONAL DATA					
Last Name			First Name		Middle Name
Present Address: Street and Unit # City, State, Zip					How long have you lived there? Years Months
Previous Address: Street and Unit # City, State, Zip					How long did you live there? Years Months
Home Phone		Email Addres	SS		Are you 18 years of age or older?
Cellular Phone					Yes No
When are you available for	work?	Are you a new Yes	w applicant?		Referred by
Position Desired Administrator Staff		Grade	er (indicate grade le level		Office Staff Other (specify):
Teacher Assistant Substitute Teacher					
		☐ Fu	ıll-time Pa	art-time	
EDUCATION					_
	Name/Locat	tion	Diploma/Degree	Course of Study or Major	Distinctions, Specialized Experience or Training
High School					
College/University					
Graduate/Professional					
Trade or Correspondence					
(A copy of your transcript mag	y be requested later)				
PROFESSIONAL					
List any professional desig applying:	nations, certification	s, licenses, o	r courses that may	be applicable to the p	position for which you are
For Teachers List extracurricular activitie	es or coaching assign	nments you v	vould be willing to	accept:	

List experiences you have had which are r	elated to teaching:				
Certification (if applicable) State	Type		Number		
For Administrators (optional for teachers) Please attach a statement of your educational p	hilosophy to this application.				
WORK EXPERIENCE Please list the names of your present or previou	us employers in chronological	order with precent or last en	mployer listed first		
Employer 1	Dates Employed		Work Performed		
	From (M/Yr)	To (M/Yr)			
Telephone Number(s)					
	Supervisor N	Jame & Title			
Email Address:					
Address					
Job Title					
Reason for Leaving					
Employer 2	Dates Er		Work Performed		
	From (M/Yr)	To (M/Yr)			
Telephone Number(s)	Supervisor Name & Title				
F 7411	Supervisor is	vame & Title			
Email Address:					
Address					
Job Title		1			
Reason for Leaving					
Employer 3	Dates Employed		Work Performed		
	From (M/Yr)	To (M/Yr)			
Telephone Number(s)	C	Jama & Titla			
P. 7.41	Supervisor Name & Title				
Email Address:					
Address					
Job Title					
Reason for Leaving					

REFERENCES

Give no fewer than three references capable of judging your ability to perform the kind of work for which you have applied. (At least two references should be professional.)

	Name of Reference		School/Company		Present Address
1					
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	Name of Reference	Position	School/Company	Telephone	Present Address
2	Name of Reference		School/Company		Flescht Address
_					
		Position		Telephone	
	Name of Reference		School/Company		Present Address
3					
			1		
		Position		Telephone	
4	Name of Reference		School/Company		Present Address
4					
		Position		Telephone	
		FOSITIOII		rerephone	
f not, wh	an you provide proof that you are legal	n employmen	t lawfully?	□ No	
-	ever been terminated or asked to resignate explain circumstances:				
-	ontact your present employer?	Yes	□ No		
May we c	contact your references prior to speaking	ng with you?	Yes I	10	
Vere you	previously employed at Shorecrest Pr	reparatory Sci	hool? L Yes L N	lo	
f yes: Fr	rom To		Position		
	ave any friends or relatives working at me(s) and Relationship:			s No	
-	ave any commitments to any other em				No

OTHER You may attach other material to this application if relevant.