

# HOLY TRINITY EPISCOPAL DAY SCHOOL

193 Old Greenville Highway · Clemson, SC 29631 · Church: (864) 654-5071 · School: (864) 654-0298

## APPLICATION FOR EMPLOYMENT

A PERSON WHO HAS BEEN CONVICTED OF A CRIME ENUMERATED IN SUBSECTION (A) OF SECTION 63-13-40 OF THE SOUTH CAROLINA CHILD CARE LICENSING LAWS WHO APPLIES FOR EMPLOYMENT WITH, IS EMPLOYED BY, OR SEEKS TO PROVIDE CAREGIVER SERVICES OR IS A CAREGIVER AT A FACILITY IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, MUST BE FINED NOT MORE THAN FIVE THOUSAND DOLLARS OR IMPRISONED NOT MORE THAN ONE YEAR, OR BOTH.

_____		_____	
Position Applied For		Today's Date	
Type of Employment you will accept (check all that apply):			
<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Teacher	_____
<input type="checkbox"/> Permanent	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Substitute	
Date Available for Employment			
Days and Hours Available to Work			
Preferred Age Group(s) to work with: <input type="checkbox"/> 2 year olds <input type="checkbox"/> 3 year olds <input type="checkbox"/> 4 year olds			

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender:  Male Marital Status:  Single  
Cell Phone: \_\_\_\_\_  Female  Married  
Work Phone: \_\_\_\_\_

Do you possess a valid driver's license?  Yes → \_\_\_\_\_  
 No State Number Expiration Date

Church Affiliation: \_\_\_\_\_

Do you have any family responsibilities that might affect your performance/availability? \_\_\_\_\_

*S.C. Department of Social Services requires all staff working in licensed or registered child care centers to provide the following documentation: Highest educational diploma attained, a health assessment from a health care provider assessing the ability of the staff member to work with children, a negative TB skin test result, and an FBI/SLED check and a check of the Central Registry of Abuse and Neglect verifying the individual has not been convicted of any crimes that would preclude employment in a licensed child care center.*

Name of Physician: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Describe any health conditions/limitations (attach a separate page if needed): \_\_\_\_\_

Have you been convicted of or pleaded guilty (no contest) to a crime *other* than minor traffic violations?

No  
 Yes → \_\_\_\_\_  
Charge(s) Where Convicted Date Deposition or Current Status

If "Yes", explain (attach a separate page if needed): \_\_\_\_\_

**EDUCATION**

Name and Location of School	Dates Attended	Degree or Certificate Earned	Major
Elementary			
High School			
College/Technical			
College/Technical			
Graduate School			
Other			

Do you possess a Teacher's Certificate?  Yes  No

State	Number	Expiration Date	Area of Certification
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**Student Teaching**

Dates (beginning – ending)	Grades/Subjects	Name, Address, Telephone # of School

If you attended Graduate School - list field work, training, and/or agency: \_\_\_\_\_

**EXPERIENCE**

Please list all organizations, associations, charity events, and volunteer experiences in which you have participated and held leadership positions/worked with children:

Hobbies/Interests:

What proficiencies do you have in computer technology?

**EMPLOYMENT RECORD**

**CURRENT/MOST RECENT**

Dates Employed: \_\_\_\_\_ Employer: \_\_\_\_\_  
Beginning - Ending

Position: \_\_\_\_\_ Address: \_\_\_\_\_  
 Full-time  Part-Time

Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor (name & title) : \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PREVIOUS**

Dates Employed: \_\_\_\_\_ Employer: \_\_\_\_\_  
Beginning - Ending

Position: \_\_\_\_\_ Address: \_\_\_\_\_  
 Full-time  Part-Time

Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor (name & title) : \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PREVIOUS**

Dates Employed: \_\_\_\_\_ Employer: \_\_\_\_\_  
Beginning - Ending

Position: \_\_\_\_\_ Address: \_\_\_\_\_  
 Full-time  Part-Time

Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor (name & title) : \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PREVIOUS**

Dates Employed: \_\_\_\_\_ Employer: \_\_\_\_\_  
Beginning - Ending

Position: \_\_\_\_\_ Address: \_\_\_\_\_  
 Full-time  Part-Time

Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor (name & title) : \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES**

Give the names of three persons not related to you, whom you have know at least one year and are familiar with your character and work performance:

NAME	ADDRESS	TELEPHONE	POSITION
1. _____			
2. _____			
3. _____			

**APPLICANT’S STATEMENT**

I certify that all the information submitted by me on this application is correct, true and complete; and I understand that any misrepresentation or omission of facts on the application or during the employment process is cause for forfeiture of employment consideration or termination, if employed.

I herewith authorize you to request and receive confidential release, and consent to the release, of any information (including opinions) relating to me, regardless of physical form or characteristics, prepared, owned, used, in the possession of, or retained by: (1) educational institutions I have attended, (2) previous employers of mine, (3) references listed on this application, (4) city, county, state, and federal law enforcement authorities, and (5) all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquires made in connection with my application for employment. In consideration of the receipt and evaluation of this application by Holy Trinity Episcopal Parish and Day School, I hereby release any individual, church, organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person, organization, or entity identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Holy Trinity Episcopal Parish, and to refrain from immoral or illegal conduct in the performance of my services on behalf of the parish.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_