

# JESUIT HIGH SCHOOL

1200 Jacob Lane, Carmichael, CA 95608 (916) 482-6060

### CLASSIFIED STAFF APPLICATION FOR EMPLOYMENT

#### SCHOOL MISSION STATEMENT

Jesuit High School is a Roman Catholic college preparatory that actively seeks, educates, and nurtures young men from a wide variety of ethnic, socio-economic, and religious backgrounds in the greater Sacramento area. In the tradition of St. Ignatius of Loyola, the founder of the Society of Jesuit, Jesuit education is committed to the development of the whole person through a challenging educational experience of academic excellence, co-curricular involvement, and spiritual and religious formation. Our entire school program is dedicated to developing conscientious leaders and agents of change who are intellectually distinguished, morally courageous, and compassionate in service to others for the greater glory of God.

#### **SCHOOL HISTORY**

Jesuit High School of Sacramento was founded by the Jesuits in September 1963. The enrollment has grown from that initial freshman class of 93 to the current level of 1,000 students. Jesuit High School is governed by a Board of Trustees, composed of both Jesuit and lay members. The Board delegates the overall responsibility for the school to the President, the chief executive office of the school. The Principal serves as the educational leader and chief academic administrator of the school. *Please submit application documents to*:

Chief Financial Officer | Mrs. Anne Long

Anne.Long@jesuithighschool.org, ph. 916-482-6060

Jesuit High School – 1200 Jacob Lane, Carmichael, CA 95608

# **Application for Employment:**

You may attach a resume; however, the application must be completed in its entirety and signed. Any offer of employment by Jesuit High School is made contingent upon the applicant completing and/or providing the following:

- Fingerprinting/background check
- Evidence of testing for tuberculosis (T.B.)
- Pre-Employment Drug Screen
- Documentation establishing both identity and employment authorization to work in the U.S.

## Jesuit High School is an equal opportunity employer

### A. PERSONAL INFORMATION

Name			
Last	First	MI	
Address			
Street	City	State, Zip	
Home Telephone: ( )			
Cellular Telephone: ( )	E-Mail:		
Position Applying for:		Desired Salary:	

How did you hear about this position?	<u> </u>		Jesuit High School Employee Other			
Do you have any relatives working at Jesuit High School?  If yes, please state name(s) and relationship					☐ Yes	□ No
Do you have the legal right to work in the United States of America?  If offered a position with Jesuit High School, can you perform the essential functions of the job with or without accommodations?  Yes No						· · ·
Have you ever been dismissed or fired fro <i>If you answered yes to the last question, p</i>			of pape	r.	☐ Yes	□ No
Please note:  Current law and our policy requistudents. Please understand that it fingerprints on which an extensive will be reported to us. In most cases On occasion an additional conversa ability to perform the essential fund a background check for a person h live scan.  B. EDUCATION INFORMATION	if you backges these ation inctions atired a	are selected for hire, you wil ground check is performed. A se records will not affect your is necessary to determine whe s of your job. For example, if a	ill be ro Arrest a ability ether o a convi	equired to sub and conviction of to be hired or or not the repo iction for reckl	bmit a live records for r maintain rted record less driving	e scan of your r most offenses employment. d affects your gresulted from
School		Course/Major	Grad	luated (yes/no)	Degree E	arned
College						
College						
College/Other						
C. EMPLOYMENT HISTO	ORY					
Please begin with your <b>present</b> or <b>most re</b> employment, including any college, volun additional sheets if necessary.  A resume may be attached, ho  May we contact your current employer.	oweve	xperience, travel, etc. Each sec	ction m	nust be comple	eted. You n	may attach
				Г		
Title/Position:		Dates of Employment (Month/Year) From:		To:		
Name of Employer:	Street	Street Address:		City, State, Zip:		
Name of Supervisor:	Telephone Number:		Full Time or Part Time:			
Describe your position and responsibilities:						
				Reason for Leav	ving:	

Name of Employer:  Name of Supervisor:  Telephone Number:  Title Position:  Dates of Employment (Month/Year) From:  Title Position:  Dates of Employment (Month/Year) From:  Title Position:  Dates of Employment (Month/Year) From:  Title Position:  Title Position:  Title Position:  Dates of Employment (Month/Year) From:  Telephone Number:  Title Position:  Title Position:  Title Position:  Dates of Employment (Month/Year) From:  Title Position:  Title Position:  Dates of Employment (Month/Year) From:  Title Position:  Dates of Employment (Month/Year) From:  Title Position:  Title Position:  Title Position:  To:  Title Position:  To:  Title Position:  Title Position:  To:  Title Position:  Title Position:  To:  Title Position:  Title Position:  Title Position:  Title Position:  Title Position:  To:  Title Position:  Title Position:  To:  Title Position:  To:  Title Position:  To:  Title Position:  To:  Title Position:  To:  Title Position:  Title Position:  To:  Title Position:  Title	Title/Position:	Dates of Employment (Month/Year)			
Name of Supervisor:    Telephone Number:   Full Time or Part Time:		From:	To:		
Describe your position and responsibilities:    Reason for Leaving:   Reason for Leaving:   To:	Name of Employer:	Street Address:	City, State, Zip:		
Title/Position:  Dates of Employment (Month/Year) From:  To:  Name of Employer:  Street Address:  City, State, Zip:  Part Time:  Reason for Leaving:  Reason for Leaving:  Title/Position:  Dates of Employment (Month/Year) From:  To:  Reason for Leaving:  To:  To:  Reason for Leaving:  To:  To:  Name of Employer:  Street Address:  City, State, Zip:  Part Time:  Part Time:  Reason for Leaving:  To:  To:  Name of Supervisor:  Telephone Number:  Full Time or Part Time:  Part Time:  Reason for Leaving:  To:  To:  To:  To:  To:  Reason for Leaving:  To:  To:  To:  Reason for Leaving:  Title/Position:  Full Time or Part Time:  To:  Reason for Leaving:  Title/Position:  To:  To:  To:  To:  To:  To:  To:	Name of Supervisor:	Telephone Number:	Full Time or Part Time:		
Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: Telephone Number: Full Time or Part Time:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From:  Title/Position: Dates of Employment (Month/Year) From: To:  Reason for Leaving:  To:  Reason for Leaving:  To:  Name of Employer: Street Address: To:  Street Address: To:  Name of Employer: From: To:  Name of Employer: Street Address: Title/Position: From: To:  Name of Supervisor: From: To:  Name of Supervisor: From: To:  Name of Supervisor: Full Time or Part Time:	Describe your position and responsibilities:				
Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: Telephone Number: Full Time or Part Time:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From:  Title/Position: Dates of Employment (Month/Year) From: To:  Reason for Leaving:  To:  Reason for Leaving:  To:  Name of Employer: Street Address: To:  Street Address: To:  Name of Employer: From: To:  Name of Employer: Street Address: Title/Position: From: To:  Name of Supervisor: From: To:  Name of Supervisor: From: To:  Name of Supervisor: Full Time or Part Time:					
From: To:   Name of Employer:   Street Address:   City, State, Zip:			Reason for Leaving:		
From: To:   Name of Employer:   Street Address:   City, State, Zip:					
Name of Employer:  Name of Supervisor:  Telephone Number:  Title/Position:  Describe your position and responsibilities:  Title/Position:  Title/Position:  Describe your position and responsibilities:  Reason for Leaving:  To:  To:  To:  Street Address:  City, State, Zip:  Post of Employment (Month/Year) From:  To:  Reason for Leaving:  To:  To:  Street Address:  City, State, Zip:  Reason for Leaving:  Title/Position:  Telephone Number:  Reason for Leaving:  To:  To:  To:  To:  To:  To:  To:  Name of Supervisor:  Dates of Employment (Month/Year) From:  To:  Reason for Leaving:  To:  Reason for Leaving:  To:  To:  Street Address:  To:  Name of Employer:  Street Address:  City, State, Zip:  To:  Name of Supervisor:  To:  Street Address:  City, State, Zip:  To:  Name of Supervisor:  Telephone Number:  Full Time or Part Time:	Title/Position:		To		
Name of Supervisor:  Telephone Number:  Full Time or Part Time:  Reason for Leaving:  Reason for Leaving:  Title/Position:  Dates of Employment (Month/Year) From:  Telephone Number:  Telephone Number:  Full Time or Part Time:  Reason for Leaving:  To:  City, State, Zip:  Reason for Leaving:  City, State, Zip:  Reason for Leaving:  Title/Position:  Dates of Employment (Month/Year) From:  Reason for Leaving:  Title/Position:  Title/Position:  Dates of Employment (Month/Year) From:  To:  Reason for Leaving:  Title/Position:  To:  Name of Employer:  Street Address:  City, State, Zip:  To:  Name of Supervisor:  Telephone Number:  Full Time or Part Time:		110	10.		
Describe your position and responsibilities:  Title/Position:  Dates of Employment (Month/Year) From:  Street Address:  City, State, Zip:  Reason for Leaving:  To:  Part Time:  Describe your position and responsibilities:  Title/Position:  Dates of Employment (Month/Year) From:  Reason for Leaving:  Reason for Leaving:  Title/Position:  To:  Name of Employer:  Street Address:  City, State, Zip:  Full Time or Part Time:	Name of Employer:	Street Address:	City, State, Zip:		
Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From:  Street Address: City, State, Zip:  Name of Supervisor: Telephone Number: Full Time or Part Time:  Pescribe your position and responsibilities:  Title/Position: Pates of Employment (Month/Year) From: Title/Position: Street Address: City, State, Zip:  Reason for Leaving:  To:  City, State, Zip: To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Full Time or Part Time:	Name of Supervisor:	Telephone Number:	Full Time or Part Time:		
Title/Position: Dates of Employment (Month/Year) From:  Name of Employer: Street Address: City, State, Zip:  Full Time or Part Time:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Reason for Leaving:  To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Full Time or Part Time:	Describe your position and responsibilities:				
Title/Position: Dates of Employment (Month/Year) From:  Name of Employer: Street Address: City, State, Zip:  Full Time or Part Time:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Reason for Leaving:  To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Full Time or Part Time:					
Name of Employer:  Street Address: City, State, Zip:  Name of Supervisor: Telephone Number: Full Time or Part Time:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: City, State, Zip:  To:  To:  Name of Supervisor: Full Time or Part Time:			Reason for Leaving:		
Name of Employer:  Street Address: City, State, Zip:  Name of Supervisor: Telephone Number: Full Time or Part Time:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: City, State, Zip:  To:  To:  Name of Supervisor: Full Time or Part Time:					
Name of Employer:  Street Address: City, State, Zip:  Full Time or Part Time:  Describe your position and responsibilities:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Full Time or Part Time:	Title/Position:		To:		
Name of Supervisor:  Describe your position and responsibilities:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: City, State, Zip: Full Time or Part Time:		From.			
Describe your position and responsibilities:  Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: City, State, Zip: Name of Supervisor: Full Time or Part Time:	Name of Employer:	Street Address:	City, State, Zip:		
Reason for Leaving:  Title/Position: Dates of Employment (Month/Year) From: To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Full Time or Part Time:	Name of Supervisor:	Telephone Number:	Full Time or Part Time:		
Title/Position:  Dates of Employment (Month/Year) From:  To:  Name of Employer:  Street Address:  City, State, Zip:  Telephone Number:  Full Time or Part Time:	Describe your position and responsibilities:				
Title/Position:  Dates of Employment (Month/Year) From:  To:  Name of Employer:  Street Address:  City, State, Zip:  Telephone Number:  Full Time or Part Time:					
From: To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Telephone Number: Full Time or Part Time:		Reason for Leaving:			
From: To:  Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Telephone Number: Full Time or Part Time:					
Name of Employer: Street Address: City, State, Zip:  Name of Supervisor: Telephone Number: Full Time or Part Time:	Title/Position:	Dates of Employment (Month/Year)			
Name of Supervisor:  Telephone Number:  Full Time or Part Time:		From:	То:		
	Name of Employer:	Street Address:	City, State, Zip:		
Describe your position and responsibilities:	Name of Supervisor:	Telephone Number:	Full Time or Part Time:		
	Describe your position and responsibilities:				
Reason for Leaving:			Reason for Leaving:		

COMPUTER S.	KILLS/SOFTWA	ARE PROGRAMS	LANGUAGES (other than English	(i)
			1.	□ Speak
				□ Write
				□ Read
OTHER SKILLS		2.	□ Speak	
				□ Write
				□ Read
A.7.4.3.4	T.	DOCUTION	ADDRECG	TEI EDIL
NAM	E	POSITION	ADDRESS	TELEPHO
F. CER	ΓΙΓΙCATION	(please read care	efully and sign below)	
High School to in permission to con former employer demands, or liabi provide accurate offer of employm	vestigate any ar tact the referen s, and all other p lities arising out information or ent or for imme	nd all statements managers and employers bersons, corporation to for in any way reto knowingly with the diate termination in	cation is complete and accurate. I further authade on this application and in my essay respondisted herein. I hereby release Jesuit High Schns, partnerships and associations from any an elated to such investigation or disclosure. Fail alold information constitutes grounds for rescinfalready employed.	ses. I give ool, my d all claims, ure to ding any
		ge that neither this mplied offer of emp	application, nor any personnel policies, pract ployment.	ices nor
clearance, tuberc employment at Jo	ulosis testing cle esuit High Schoo	earance and pre-emol. I agree and cons	onal employment offer is extended, that finger ployment drug screening clearance are requir sent to have my fingerprints investigated and k a final offer of employment. I also understand	ements of oe tested for

Date

**Applicant's Signature** 

Applicant's Printed Name