



St. Johnsbury Academy
 1000 Main Street, P.O. Box 906
 St Johnsbury, VT 05819

EMPLOYMENT APPLICATION

Human Resources Phone: 802-748-7704 (5/2018)

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apt./Unit #	
City	State	ZIP	
Phone	E-mail Address		
Position Applied For:			
Date Available	Full/Part Time?	Desired Salary (optional)	
Are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever worked using another name?	YES <input type="checkbox"/> NO <input type="checkbox"/>
In the past 5 years have you been convicted, imprisoned, placed on probation or under supervision, or fined for any violation of law, including motor vehicle violations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain	
Have you been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

Qualified Candidates Who Are Offered Employment Must Complete a Criminal Background Check and Fingerprinting

EDUCATION			
High School	Address		
Years Completed:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College	Address		
Years Completed:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
Years Completed:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree or Certification

WORK/COMMUNITY REFERENCES <i>(Only list individuals who are not related to you)</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title		May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Duties/Skills			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title		May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Duties/Skills			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title		May we contact this supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Duties/Skills			
From	To	Reason for Leaving	
MILITARY SERVICE			
Branch		From	To
Title		Rank at Discharge	
Work Experience/Training			
DISCLAIMER AND SIGNATURE			
<ul style="list-style-type: none"> I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview can eliminate me from further consideration for employment or result in my dismissal. Any offer of employment is based on satisfactory completion of the education background check and Vermont's Child Abuse and Sex Offender registries and acceptance of our Non-Discrimination and Unlawful Harassment Policy. I authorize St. Johnsbury Academy to contact and obtain information from all references, employers, public agencies, educational institutions, licensing authorities, etc., to verify the information I have provided on this application. I understand that no one other than the Headmaster or his human resources representative has the authority to guarantee my employment or enter into an employment agreement with me. I understand that employment is "at will" and can be terminated, with or without cause, and with or without notice, at my option or the option of St. Johnsbury Academy. 			
Signature			Date