

Tutoring/Therapy at St. Mary's Episcopal School

			Date
, City, State, Zip			
il Address			Telephone Numbers
ring and /or Therapy i	n division(s):		
		chool (grades 5-8)	
		nool (grades 9-12)	
	☐ Therapy _		
		DI	
		Please mail to:	
	Si	t. Mary's Episcopal S Office of the Assistant 60 Perkins Extend Memphis, TN 381	led
		For office use	
Date Rec'd.	Ori	iginal Rec'd by	Copy Sent
			Transcript Rec'd

Educational Background (Please list most recent first)

College/University			
Degree Awarded			Year Graduated
Major		Minor	
College/University			
Degree Awarded			Year Graduated
Major		Minor	
College/University			
Degree Awarded			Year Graduated
Major		Minor	
yment Experience (Please lis	•		
			DI VI I
			Phone Number
Dates Employed	Employer Name		
Address			Phone Number
Job Title/Responsibilities			
Dates Employed	Employer Name		
Address			Phone Number
Job Title/Responsibilities			
Dates Employed	Employer Name		
Dates Employed			

I understand that false, misleading, or omitted information provided or not provided on my application or at any time during the interview process may result in a refusal to hire, or discharge in the event of employment.

I certify that the information contained in this application is true and correct.

Applicant Signature Date

Employment at St. Mary's Episcopal School is contingent upon successful completion of a background, fingerprint, and reference check.

St. Mary's does not discriminate on the basis of race, religion, ethnic or national origin in admission or in any other activities or programs of the School.