

Date of Application _____



**After3 Program
Application For Employment**

Name _____

Address _____ City/State/Zip _____

Telephone _____ Email _____

Cell Phone _____ Have you worked for St. Mary's in the past? Yes _____ No _____

If Yes, what years and what was your position? _____

Educational Background:

High School _____ Year Graduated _____

College/University _____ Major _____ Year _____

Do you have a Red Cross Life-Saving Certification? Yes (expires _____) No

Do you have current First Aid/CPR Certification? Yes (expires _____) No

Are you Lifeguard Certified? Yes (expires _____) No

Are you presently able to perform the duties of this position without reasonable accommodation? Yes No

List any teaching, child care, or camp experiences you have had: _____

Please circle the all the dates you are available to work:

MONDAYS TUESDAYS WEDNESDAYS THURSDAYS FRIDAYS

Please list specific dates that you are unavailable to work:

Briefly explain why you would be a good candidate for this position: _____

Employment Experience

Employer _____ **Dates Employed** _____
Address _____ **City/State/ Zip** _____
Telephone _____ **Position Held** _____
Supervisor _____ **May we contact this person?** **Yes** **No**

Employer _____ **Dates Employed** _____
Address _____ **City/State/Zip** _____
Telephone _____ **Position Held** _____
Supervisor _____ **May we contact this person?** **Yes** **No**

References

Name _____ **Position** _____
Email _____ **Telephone** _____

Name _____ **Position** _____
Email _____ **Telephone** _____

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

Signature _____ **Date** _____

Return this application to:

St. Mary's Auxiliary Program

41 North Perkins

Memphis, TN 38117

901-537-3150

rscarbrough@stmarysschool.org