



**St. Paul**  
Children's Foundation  
**Application for Employment**

**Please Print**

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home #: ( ) \_\_\_\_\_ Mobile/Beeper/Other #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Type of Work Desired:  Full Time  Part Time  Temporary Salary Range: \$ \_\_\_\_\_

Are there any hours/days you are not available to work?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Notice required, if any, for current employer: \_\_\_\_\_ Wks

Have you ever been employed by SPCF?  Yes  No If yes, give date & position: \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit?.....  Yes  No

Are you a citizen of the United States, or legally allowed to work in this country? .....  Yes  No

Do you have other employment that might affect you ability to work for us? .....  Yes  No

Have you been convicted of any felony within the past 7 years? .....  Yes  No

If yes, please explain: \_\_\_\_\_

Answering "Yes" to these questions does not constitute an automatic rejection for employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

**Employment History**

Provide the following information of your last four (4) employers, assignments or volunteer activities, starting with the most recent. Please complete, even if providing resume!

<p><b>COMPANY</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Telephone # ( ) _____</p> <p>Supervisor: _____</p>	<p><b>DATES OF EMPLOYMENT</b></p> <p>From: _____ To: _____</p> <p>Job Title: _____</p> <p>Starting Pay: _____</p> <p>Ending Pay: _____</p> <p>May we contact supervisor?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>
<p>Job Duties &amp; Responsibilities: _____</p> <p>_____</p> <p>_____</p>	<p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>

# St. Paul Children's Foundation, Inc.

## Equal Opportunity Employer

### Employment History Continued

<b>COMPANY</b> Name: _____ Address: _____ City, State, Zip _____ Telephone # (_____) _____ Supervisor: _____	<b>DATES OF EMPLOYMENT</b> From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Job Duties & Responsibilities: _____ _____ _____	Reason for leaving _____ _____ _____

<b>COMPANY</b> Name: _____ Address: _____ City, State, Zip _____ Telephone # (_____) _____ Supervisor: _____	<b>DATES OF EMPLOYMENT</b> From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Job Duties & Responsibilities: _____ _____ _____	Reason for leaving _____ _____ _____

<b>COMPANY</b> Name: _____ Address: _____ City, State, Zip _____ Telephone # (_____) _____ Supervisor: _____	<b>DATES OF EMPLOYMENT</b> From: _____ To: _____ Job Title: _____ Starting Pay: _____ Ending Pay: _____ May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Job Duties & Responsibilities: _____ _____ _____	Reason for leaving _____ _____ _____

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### Educational Background

Name & Location	Major of Studies	Number of Years Completed	Degree(s) Received
High School		9 10 11 12 (circle one)	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
Technical, Vocation, Business, Military		1 2 3 4 5 (circle one)	
Junior College or University		1 2 3 4 5 (circle one)	
Undergraduate College or University		1 2 3 4 5 (circle one)	
Graduate School		1 2 3 4 5 (circle one)	

### Professional References (no personal references please)

Name	Telephone	# of years known
( )	( )	( )
( )	( )	( )
( )	( )	( )

### Applicant Statement

I certify that all the information that I have provided is true, complete and correct to the best of my knowledge.

I understand that any information provided by me found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of my application, or immediately discharge me from the employer's service, whenever it is discovered.

I authorize St. Paul Children's Foundation to make such investigations and inquiries of my personal, employment, educational and other related matters as it may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connections with my application.

I understand that St. Paul Children's Foundation does not lawfully discriminate in employment and that none of the questions on this application are used for purposes of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Completed applications may be mailed to:  
St. Paul Children's Foundation, PO Box 1238, Tyler, TX 75710  
Or faxed to: (903) 531-9328  
Or emailed to: [saleen@stpaulchildren.org](mailto:saleen@stpaulchildren.org)