

St. Paul Children's Foundation, Inc.

Equal Opportunity Employer

Employment History Continued

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COMPANY Name: _____ Address: _____ City, State, Zip _____ Telephone # (_____) _____ Supervisor: _____	DATES OF EMPLOYMENT 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
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()	()	()
()	()	()

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