

PROTESTANT EPISCOPAL CATHEDRAL FOUNDATION

EMPLOYMENT APPLICATION



MOUNT SAINT ALBAN
MASSACHUSETTS AND WISCONSIN AVENUES, NW
WASHINGTON, DC 20016

FOUNDATION CORPORATE STAFF
WASHINGTON NATIONAL CATHEDRAL
ST. ALBANS SCHOOL
NATIONAL CATHEDRAL SCHOOL FOR GIRLS
BEAUVOIR – THE NATIONAL CATHEDRAL ELEMENTARY SCHOOL

Name: _____

Institution: _____

Position: _____

Date: _____

GENERAL INFORMATION

Decisions regarding employment will be based solely upon valid job-related factors. Protestant Episcopal Cathedral Foundation is committed to being fair and impartial in all of its relations with its employees and applicants for employment and to make all employment-related decisions without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, marital status, veteran status, genetic information, or any other categories protected by federal or DC law. As a religious institution, PECF reserves the right to limit selection of candidates for certain positions to members of the Episcopal Church.

NAME: _____

ADDRESS: _____

CITY & STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____ BEST CONTACT(S): *circle* email / home phone / work phone / cell phone

DATE YOU CAN START: _____ SALARY DESIRED: _____

SEEKING: *circle all that apply* FULL-TIME PART-TIME TEMPORARY REGULAR

IF SEEKING PART-TIME WORK, HOURS PER WEEK YOU CAN WORK:

IF SEEKING TEMPORARY WORK, DATES YOU ARE AVAILABLE:

HAVE YOU EVER WORKED IN THE PAST FOR ANY PART OF THE PROTESTANT EPISCOPAL CATHEDRAL FOUNDATION?

YES NO *If you answered YES, be certain to include full details in the job history portion of this application.*

Do you have any relatives who are currently employed by the Foundation or who have worked here in the past? If YES, please give names and approximate dates of employment:

How did you learn of the job for which you are applying? *Make note of all that apply:*

Walk-in _____ Current employee _____ (Name) _____

Internal Listing _____ Newspaper Ad _____ (Name of Paper) _____

Internet/Website _____ (Name of Site/Sites) _____

EDUCATION

<u>Name and Address of School</u>	<u>Course of Study</u>	<u>Degree Awarded</u>
Secondary School		

College/University*

Graduate School*

*Collegiate and graduate educational history should be submitted only for those institutions accredited by an accrediting agency recognized by the federal or state department of education. If you are unsure of the accreditation of your educational institution, it must be noted on this application. Submitting degrees or coursework from a non-accredited institution will be considered a misrepresentation.

Other Training or Certifications:

MILITARY SERVICE

Branch of Service: _____

Highest Rank Obtained: _____

Skills or Training Acquired: _____

Technical Specialty: _____

EMPLOYMENT HISTORY

Please provide a detailed employment history. List all positions held including military, part-time, summer, and volunteer. List positions in order, beginning with your current or most recent position. If you submit a resume, all information except "Job Responsibilities" must be provided on this application form. If you need more space, please attach an additional sheet of paper.

Employer	Telephone	Dates Employed		Job Responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary-Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate/Salary-Final		
May we contact for reference		\$	Per	
Employer	Telephone	Dates Employed		Job Responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary-Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate/Salary-Final		
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Address				
Job Title		Hourly Rate/Salary-Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate/Salary-Final		
May we contact for reference		\$	Per	

Comments (include explanation of any gaps in employment):

REFERENCES

Name	Address	Relationship
	Address: _____ City/State/Zip: _____ Phone: (_____) _____ - _____ Type: <i>home work cell</i> Email: _____	
	Address: _____ City/State/Zip: _____ Phone: (_____) _____ - _____ Type: <i>home work cell</i> Email: _____	
	Address: _____ City/State/Zip: _____ Phone: (_____) _____ - _____ Type: <i>home work cell</i> Email: _____	

LEGAL AGE: If you are under age 18 years, state age: _____

AUTHORIZATION TO WORK: Are you legally authorized to work in the United States? Yes No

FELONY RECORD: Have you ever been convicted of a felony? Yes No

FOR SECURITY APPLICANTS ONLY – PLEASE READ AND INITIAL:

Applicants for security positions at the PECF must be able to obtain licensure as a Special Police Officer (SPO) through the Washington DC Metropolitan Police Department (MPD). Individuals applying to the MPD for licensure as an SPO must meet the following minimum qualifications, among others: (1) *be a U.S. citizen;* (2) *be at least 21 years of age;* (3) *be able to read and write the English language.*

Do you have or will you be able to qualify for licensure as an SPO? Yes No INITIALS: _____

CERTIFICATION / AFFIRMATION

I hereby acknowledge that I have read and fully comprehended this application in its entirety, and certify that this application is a complete record and that all entries given are true and accurate to the best of my knowledge. I understand that any attempt to practice deception or fraud in this application is grounds for disqualification or termination. I understand that I may be required to verify all information given on this application and give the right to the PECF to check prior employment references and any and all other information contained in this application. I understand that if offered employment I will be required to produce documentation proving my eligibility to work in the United States prior to beginning work. I understand that I will be required to successfully complete a background investigation. Any offer of employment will be made contingent upon the receipt of satisfactory results to a background investigation and pending references. I understand that this completed application is the property of the PECF and will not be returned. I understand that I must notify the Human Resources Department of any change in my name, address, phone number or any other pertinent information.

Signature

Date