

St. John's College APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Exercise the greatest care in preparing this form.

The information given herein becomes a part of your personnel file.

I. PERSONAL DATA

Date Position	on Applied for:	
Junior College (Day)	nior College (Evening)	High School President's Office
Extension D	Department Institute of Properties	rofessional Studies
NameLAST	FIRST	MIDDLE
Contact Numbers		
Other Names Used		
Email Address		
Current Address		
Length of Time Lived at Current Ad	dress———Lengt	h of Time Lived in Belize—————
In Emergency, notify —		
Employer and Present Position ——		
May we contact your employer?	Yes No No	
Years of Teaching Experience:	Primary School	High School
	Junior College	College/University ———
Years of Other Work Experience:		
Type of Employment desired:	Full Time	Part Time
When could you begin to work?		
Have you ever been removed or disr	missed from a position?	Yes No No
Have you ever been convicted of a fee (If you answered yes to any of these question Hobbies/Other Interests ———————————————————————————————————	ions, please explain. Attach a separe	

II. REFERENCES

List the names of three *Professional References* (not related to you) you have worked for that could be contacted, if necessary, to give recommendations for this position.

NAME	ADDRESS	PHONE #	EMPLOYMENT/TITLE

III. RELEASE OF INFORMATION STATEMENT

I hereby give permission to any agency, bureau, department, physician, hospital, clinic, business, or person whosoever to furnish St. John's College, its designee, or investigators, full and complete information about any of the matters contained in this application, or appropriate for employment by this institution. This release of information may include, but not be limited to, any and all criminal history record information, medical records, educational records, or information from any source. I hereby release St. John's College or anyone obtaining or furnishing any such information from any and all liability which may or could result from the divulgence of such information or its use as it pertains to possible employment evaluation.

NAME DATE

IV	. EDUCATIO	N AND PROFESSION	AL TRAINING	
Name & Location	Degree Earned	Major Area	Minor Area	Hours Earned

,	V. EDU	CATIONAL WO	RK EXPE	CRIEN	NCE			
EMPLOYER Name & Location	Starting and Ending Dates	Job Descriptic	on		Reason for eaving		onthly Salary	Full or Part Time
VI. Licenses, Certificates, Registrations		TED EDUCATIO	NAL INF		ATION Expiration	Doto	ID A	Number
Liberious, Continuation, Registrations		oding Country	Bate loo		Expiration			variiboi
		IENCE OTHER						
Name & Address of Employer		Position Held	Starting D	Date	Ending Da	ate	Reason fo	or Leaving
FELLOWS	HIPS, S	CHOLARSHIPS	& PROFI	ESSIC	ONAL HO	NOR	S	
AWARDING	ORGAN	IIZATION				DA	ATE	

COMMUNITY AND PROFESSIONAL ORGANIZATIONS

HIGHEST OFFICE HELD	DATE OF MEMBERSHIP
RESEARCH AND PUBLICA	TIONS (Attach separate sheet if necessary)
VIII. STATEMENT OF PA	HILOSOPHY OF EDUCATION
	at of your philosophy of education as it pertains to the ich you are applying.
edge, and understand that any falsifications, misrepr tion of my application or dismissal from subsequent	application is true and accurate to the best of my knowlesentations, or omissions of fact may be grounds for rejectemployment. I understand that unless this application and that all applications and supporting documents
SIGNATURE OF APPLICANT	DATE

APPLICATION REQUIREMENTS

- 1. Cover Letter
- 2. SJC Application (complete all questions)
- 3. Resume
- 4. Copies of College Transcripts (Must have **Official Transcripts** when hired)

In order for an application to be considered, all the above requirements must be submitted before the application deadline to the address below:

St. John's College Human Resources Office P.O. Box 548

Belize City, Belize

Positions and Jobs listed at www.sjc.edu.bz

Tel: 501-223-3732 Fax: 501-223-2752 Email: sjchumanresources@yahoo.com

TEACHER REFERENCE FORM



Dear_			Date							
I am a	ories	ying for a position as a Teacher with St. John's College . P that apply to your knowledge of my background, and ma Box 548, St. John's College, Belize City, Belize, C.A.								
APPL	IC	ANT'S NAME: (Please Print)								
Signatu	ıre		Date:							
Rank	App	olicant Numerically:								
		king applicant numerically use NA for no occasion to obse		adeq	uate	e; 2	for	limi	ted;	3 for
accept	table	e or average; 4 for very good or above average; 5 for outst	tanding.							
		CATEGORIES		N/A	1	2	3	4	5	
	1	Personal Appearance								
	2	Poise and Confidence								
	3	Dependability								
	4	Cooperation								
	5	Leadership								
	6	Scholarship								
	7	Habits of Workmanship								
	8	Initiative and Resourcefulness								
	9	Judgment								
	10	Command of English Language								
	11	Classroom Management								
	12	Overall effectiveness as an administrator/teacher/temporary	teacher							
		n employ/reemploy this applicant? YES NO								
	. *									
Name	(Ple	vase print or type)	Position							
Name	of (Organization/School Division	Address/Pho	one N	lo.					
Signat	ture	Date _								

STAFF REFERENCE FORM



am apply	ing for a position as a member of the support staff with	h St. John's C	olle	ge.	Ple	ase	con	iplete 1
	e evaluation categories that apply to your knowledge of esources Manager, P.O. Box 548, St. John's College, I					ail d	irec	tly to 1
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PPLICA:	NT'S NAME: (Please Print)							
gnature		Date:						
	licant Numerically: ing applicant numerically use NA for no occasion to obs	serve: 1 for ing	dea	11216	a. 2	for	limi	ted. 3
	or average; 4 for very good or above average; 5 for outs		iucq	uan	-, 4	101	111111	icu, 3
	CATEGORIES		N/A	1	2	3	4	5
1	Personal Appearance							
2	Poise and Confidence							
3	Dependability							
4	Cooperation							
5	Leadership							
6	Scholarship							
7	Habits of Workmanship							
8	Initiative and Resourcefulness							
9	Judgment							
10	Command of English Language							
11	Professionalism							
12	Overall effectiveness as a supervisor/clerk/custodian							
ould vou e	employ/reemploy this applicant? YES NO							
Jula you c	employ/reemploy unsupplement. TES							
OMMEN'	TS:							
ame (Plea	se print or type)	Position						
ame of Or	ganization/School Division	Address/Phon	ne N	0.				
gnature_	Date	-						