

ST. ANDREW'S NURSERY SCHOOL
2725 Egypt Road
Audubon, PA 19403
School Office Telephone ~ 610-666-6153
Fax ~ 610-666-6019

Dear Applicant,

Thank you for your interest in St. Andrew's Nursery School. Please complete and return the enclosed application form as soon as possible. Be sure to fill in all information, including accurate mailing addresses and phone numbers for the individuals listed as references.

Applicants for teaching positions must have a BA/BS with ECE and/or Elementary Education and/or Private Academic certification for Nursery School/Kindergarten. Teacher aide applicants must have an associate degree in ECE or related field and/or CDA certification.

You are welcome to include a resume or any other information that you would like us to consider. Also, please include current copies of your certification, PA Child Abuse History Clearance, PA State Police Criminal Record Check, and FBI Federal Criminal History Record documents.

Instructions for procuring these documents are as follows:

PA State Police Criminal Record Check—Available online at: <https://epatch.pa.gov/home>

PA Child Abuse History Clearance – Available online at: <https://www.compass.state.pa.us/cwis/public/home>

FBI Federal Criminal History Record (Fingerprinting) – Website: <https://uenroll.identogo.com/>

Service Code: Call the school office.

If you have any questions, please feel free to contact the school office at 610-666-6153.

Sincerely,

Astrid Montes
Director

ST. ANDREW'S NURSERY SCHOOL

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Audubon, PA 19403

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EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

DATE: _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

EMPLOYMENT DESIRED:

POSITION START DATE

EDUCATION:

HIGH SCHOOL NAME AND LOCATION OF SCHOOL GRADUATION DATE

COLLEGE NAME AND LOCATION OF SCHOOL GRADUATION DATE

POST GRADUATE NAME AND LOCATION OF SCHOOL GRADUATION DATE

CERTIFICATES
HELD: _____

EXPERIENCE: Please begin with your present or last position

NAME AND POSITION DATE EMPLOYED SALARY

REASON FOR LEAVING: _____

NAME AND POSITION DATE EMPLOYED SALARY

REASON FOR
LEAVING: _____

NAME AND POSITION	DATE EMPLOYED	SALARY
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REASON FOR LEAVING: _____

REFERENCES:

GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	OCCUPATION
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ADDRESS or Email	PHONE
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NAME	OCCUPATION
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ADDRESS or Email	PHONE
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NAME	OCCUPATION
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ADDRESS or Email	PHONE
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I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you.

SIGNATURE	DATE
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