

BELLARMINE COLLEGE PREPARATORY

960 W. Hedding Street – San Jose CA 95126

FAX 408.278.1048 — WWW.BCP.ORG

Bellarmine College Preparatory is An Equal Opportunity Employer

FACULTY APPLICATION

DOWNLOAD, COMPLETE AND SUBMIT APPLICATION. RESUME IS NOT ACCEPTED IN LIEU OF APPLICATION.

BELLARMINE COLLEGE PREPARATORY IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, SEX, PREGNANCY, CHILDBIRTH, MARITAL STATUS, AGE, NATIONAL ORIGIN, ANCESTRY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION INCLUDING GENETIC CHARACTERISTICS, SEXUAL ORIENTATION, VETERAN STATUS, GENDER, GENDER IDENTITY, GENETIC INFORMATION OR ANY OTHER CATEGORY PROTECTED UNDER FEDERAL OR LOCAL LAW. *AS A CATHOLIC, JESUIT SCHOOL, BELLARMINE MAY PRESERVE ITS STATE AND FEDERAL PROTECTIONS AS A RELIGIOUS INSTITUTION AND MAY GRANT MORE FAVORABLE CONSIDERATION TO ROMAN CATHOLIC APPLICANTS.

DATE OF APPLICATION			
Name			
Address			
Permanent Address (if different than above)			
Address			
Email	Cell Phone		
Home Phone			
APPLYING FOR THE POSTION OF:			
HOW DID YOU LEARN OF THIS OPENING			
HAVE YOU EVER APPLIED TO BELLARMINE BEFORE? IF Yes, when & what position?			
Teaching Preferences: (1)	(2)	(3)	
IF HIRED, WHAT DATE ARE YOU AVAILABLE TO STA	ART WORK?		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCT Reasonable accommodations?()YES(/HICH YOU ARE APPLYING, EITHER WITH OR WIT	HOU
NOTE: BELLARMINE COMPLIES WITH THE AMERICAN DISABILITIES ACT (Functions of the Job.	(ADA) AND CONSIDERS REASONABLE	E ACCOMMODATIONS THAT MAY BE NECESSARY TO PERFORM THE ESSI	ential
IF HIRED (AFTER AN OFFER OF EMPLOYMENT HAS BEEN MA Your identity and legal right to work in the unit		~	
*WHAT IS YOUR RELIGIOUS AFFILIATION?		() DECLINE TO ANSWER	

CREDENTIALS LICENSES OR CERTIFICATIONS

Held:

TITLE	Issuing State	License/Certificat	ION # EXPIRATIO	n Date	Field
TITLE	Issuing State	License/Certificati	ON # EXPIRATION	n Date	FIELD
TITLE	Issuing State	LICENSE/CERTIFICATIO	on # Expiration	DATE	Field
Applied for:					
TITLE	Issuing State	LICENSE/CERTIFICAT	TION # EXPIRATIO	n Date	FIELD
Has your License(S) or	Certification(S) ever be	EEN REVOKED OR SU	USPENDED?	If yes , Pleas	E INDICATE BELOW:
	Reason	DATE	OF REVOCATION	OR SUSPENSION	DATE OF REINSTATEMENT

EDUCATION AND PROFESSIONAL PREPARATION

	INSTITUTION	ADDRESS (STREET, STATE)	# YEARS Attended	DID Grad Yes	YOU UATE? NO	DEGREE	Major	MINOR
Secondary								
College/ University								
GRADUATE/ Special Training								

Relevant Teaching Employment

From	ТО	EMPLOYER	SUPERVISOR NAME & PHONE NUMBER	YOUR POSITION & DUTIES	REASON FOR LEAVING		

OTHER	EMPL	OYMENT	HISTORY
--------------	------	--------	---------

Present and past employment (Co-Curricular, Coaching, Other Teaching Experience), starting with most recent – include any periods of unemployment.

FROM	То	Employer	SUPERVISOR NAME & PHONE NUMBER	YOUR POSITION & DUTIES	REASON FOR LEAVING
			NG, QUALIFICATIONS, OR SKILLS (OU ARE FLUENT IN) YOU
BELIEVE	MAKE YC	OU ESPECIALLY QUALIFIED FOR ⁷	THIS POSITION? () YES () NO		
	s 110W2	•			
11 16	з, поw : _				
	-				
MILITA	RY SERVI	CE			
LIAVE V	ALL SEDVE	D IN THE US MILITARY?()Y			
			ROVIDE YOU WITH SKILLS YOU CO	ULD PUT TO USE IN THIS P	OSITION? () YES () NC
IF YE	ES, HOW?				
	-				

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS

NAME:	_PHONE #:	EMAIL ADDRESS:	OCCUPATION:
NAME:	_PHONE #:	_EMAIL ADDRESS:	OCCUPATION:
NAME:	_PHONE #:	EMAIL ADDRESS:	OCCUPATION:

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE. I AGREE THAT ANY FALISIFIED STATEMENTS, OMISSIONS, OR ANY OTHE FORM OF MISREPRESENATION IN THE APPLICATION PROCESS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION AND MAY RESULT IN TERMINATION OF EMPLOYMENT IF DISCOVERED AT A LATER TIME.

I AUTHORIZE A THOROUGH INVESTIGATION OF MY REFERENCES, PAST WORK RECORD, EDUCATION, AND OTHER MATTERS OR ACTIVITIES IN ORDER TO ASSESS MY SUITABILITY FOR EMPLOYMENT. I AGREE TO FULLY COOPERATE IN SUCH INVESTIGATION AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS REQUESTING, COMMUNICATING, REVIEWING, OR EVALUATING SUCH INFORMATION.

I UNDERSTAND THAT, ACCORDING TO LAW, ALL INDIVIDUALS HIRED MUST, AS A CONDITION OF EMPLOYMENT, PRODUCE CERTAIN DOCUMENTATION TO VERIFY THEIR IDENTITY AND THEIR LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. AS A CONSEQUENCE, I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WOULD BE CONTINGENT UPON MY ABILITY TO PRODUCE THE DOCUMENTATION WITHIN THE TIME REQUIRED BY LAW. I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON A SATISFACTORY CLEARANCE OF A BACKGROUND CHECK, PURSUANT TO A FINGERPRINT SCAN AND SATISFACTORY CLEARANCE OF A TB TEST.

I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION PROCESS (INCLUDING INTERVIEWS) IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN BELLARMINE AND ME. I ALSO AGREE THAT EMPLOYMENT AT BELLARMINE IS AT WILL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WOULD BE FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT ADVANCE NOTICE, AT ANY TIME BY ME OR BELLARMINE. I ALSO UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON BELLARMINE UNLESS THEY ARE MADE IN WRITING AND THAT WRITING IS SIGNED BY ME AND BELLARMINE'S PRESIDENT.

I HAVE CAREFULLY READ ALL THE ABOVE AND I VOLUNTARILY GRANT THE ABOVE RELEASE.

APPLICANT'S SIGNATURE

DATE

EMAILING THIS APPLICATION IN ITS COMPLETION WILL BE CONSIDERED AN ELECTRONIC SIGNATURE AND INITIALS.