



# Juan Diego Academy Catholic Regional High School

P.O. Box 3888 (5208 S. FM 494)  
Mission, TX 78573  
(956) 583-2752 Fax (956) 583-3782  
JuanDiegoAcademy.org

## Application for Employment (Paraprofessional)

### Personal

Last Name/First Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Affiliated Denomination: \_\_\_\_ Catholic \_\_\_\_ Protestant \_\_\_\_ Other \_\_\_\_ Birth Month/Day: \_\_\_\_\_

E-Mail Address (if you have one): \_\_\_\_\_

### Employment Objective

I seek employment as a: \_\_\_\_\_

Please list any special talents or abilities you have: \_\_\_\_\_

### Education

Beginning with your elementary school, list the schools you have attended

<u>Name of School</u>	<u>City/State</u>	<u>Years Attended</u>	<u>Diploma/Certificate Earned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any special certificates or training you have received: \_\_\_\_\_

### Work Experience (begin with most recent assignment)

PRESENT OR LAST EMPLOYER	May we contact your PRESENT EMPLOYER?		Yes	No
Name of Employer	Telephone			
Address-Street	City	State and Zip Code	Immediate Supervisor	
Employment Dates (Mo. and Yr.) From: _____ To: _____	Title of Position		Salary-Start \$ _____	Salary-End \$ _____
Description of Duties:				
Reason for change or leaving:				

Name of Employer			Telephone	
Address-Street	City	State and Zip Code	Immediate Supervisor	
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				
Name of Employer			Telephone	
Address-Street	City	State and Zip Code	Immediate Supervisor	
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				
Name of Employer			Telephone	
Address-Street	City	State and Zip Code	Immediate Supervisor	
Employment Dates (Mo. and Yr.) From:                      To:		Title of Position	Salary-Start \$	Salary-End \$
Description of Duties:				
Reason for change or leaving:				

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Are you over 18 years of age? \_\_\_\_\_

Are you eligible for employment in the United States? \_\_\_\_\_ *(verification of employment eligibility will be required)*

Driver's License Type \_\_\_\_\_ State \_\_\_\_\_ No. \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, give details \_\_\_\_\_

Our campus occupies nearly 40 acres. Do you have any chronic disorders or physical ailments, disabilities or impairments that would require special accommodations? \_\_\_\_\_ If yes, give details \_\_\_\_\_

**References**

Name	Full Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

These questions have been answered to the best of my ability. If employed I realize false information may be grounds for dismissal. I authorize inquiries as to my character, reputation, and competence and release those supplying information from all liability. I understand that employment may require the taking of finger prints or providing such other identification or certification as required by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_