

Sanger Education Foundation  
400 Bolivar Street, Suite 102  
Sanger, Texas 76266  
940-600-8890

The Sanger Education Foundation is an equal opportunity employer and in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other legally protected status. This application will not be used for limiting or excluding any applicant from consideration on a basis prohibited by local, state or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a Foundation Representative. Please answer all questions to the best of your ability. "See Resume" is not an acceptable answer.

Please fill out all of the sections below:

**Applicant Information**

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Date of Application:** \_\_\_\_\_

**Employment Position:**

**Position(s) applying for:** Executive Assistant

How did you hear about this position? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Are you currently employed?  Yes  No

Please describe days and hours you are available and willing to work. \_\_\_\_\_

**Personal Information**

Are you a U.S. Citizen or approved to work in the United States?  Yes  No

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: The Sanger Education Foundation complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

**Educations and Training**

High School: \_\_\_\_\_

City, State: \_\_\_\_\_

Number of years Completed? \_\_\_\_\_  Diploma  G.E.D.

**College/University**

Name	Locations (City/State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City/State)	Year Graduated	Degree Earned

**Previous Employment**

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Additional Information**

May we contact your present Employer?

Yes

No

Volunteer activities: Please list out any volunteer activities you have participated in.

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Do you have experience with the following?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Working with non-profits             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Working with School Districts        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Organizing Events                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Fundraising                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Community Relations                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Accounting/Bookkeeping               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Budgeting/Financial Reports          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Microsoft Word, Excel and QuickBooks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please review the job description for which you are applying. Are you able with or without reasonable accommodations, to perform all essential functions of the job?

- Yes       No

### References

Include only individuals familiar with your work ability. DO NOT INCLUDE RELATIVES.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_ Time Known \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_ Time Known \_\_\_\_\_

### READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment, and I understand that any wrong or incomplete information on the form may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for my immediate dismissal. I understand that all such information is subject to verification by the Sanger Education Foundation, and hereby give my consent to the Sanger Education Foundation to investigate my background and qualifications using any means, sources, and outside investigators at its disposal. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

#### At-Will Employment

The relationship between you and the Sanger Education Foundation is referred to as "employment at will". This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Sanger Education Foundation Board of Directors. No representative of the Sanger Education Foundation has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter you're at-will employment status, except for a written statement signed by you and either our Executive Director acting on behalf of the Sanger Education Foundation Board of Directors drafted by the Sanger Education Foundation Administration Committee.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_