

# MAIN OFFICE RECEPTIONIST



## WHO WE ARE:

Brother Rice High School is a private, fully accredited, Catholic preparatory school for young men. Since 1960, we have been fostering the spiritual, intellectual, cultural, and moral development of our students in the spirit of our founder, Blessed Edmund Ignatius Rice. This position reports to the Executive Assistant of the President and Principal.

## WHAT WE NEED:

We are seeking an enthusiastic and personable full-time Main Office Receptionist to manage the office area daily and to perform a variety of administrative and clerical tasks. As the Main Office Receptionist, you will be the first point of contact for our school and responsible for greeting visitors and providing exceptional assistance to our visitors, parents, students, faculty, and staff.

## QUALIFICATIONS:

- Demonstrate prompt and courteous service to all guests
- Answer, screen, respond or forward all incoming calls
- Proficiency in Microsoft Office Suite
- Strong written and verbal communication skills
- Organized, ability to prioritize projects and manage multiple tasks simultaneously
- Reliable and professional

To apply for this position, email your completed application, your resume and cover letter to [jobs@brrice.edu](mailto:jobs@brrice.edu).



# BROTHER RICE HIGH SCHOOL

## EMPLOYMENT APPLICATION

This form has been designed to comply with Michigan and Federal Fair Employment Practice laws prohibiting discrimination. All qualified applicants will receive equal consideration for employment without regard to race, religion, color, sex, national origin, age, military background, handicap, marital status, height, and weight or arrest record.

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

In brief, what is your main reason for applying to Brother Rice High School? \_\_\_\_\_

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

Desired Position \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

Have you ever applied for employment with Brother Rice High School before? \_\_\_\_\_

Have you ever been employed with Brother Rice High School before? \_\_\_\_\_ If yes, give dates \_\_\_\_\_

If you were employed by Brother Rice High School previously, why did you leave? \_\_\_\_\_

Are you related to anyone currently employed by Brother Rice? \_\_\_\_\_

If yes, name & relationship \_\_\_\_\_

Have you ever been discharged or required to resign from a position? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

Are you on a lay-off and subject to recall? \_\_\_\_\_

Will you work overtime, if required? \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license ever been suspended, revoked or restricted? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

Have you ever been refused surety bond? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been convicted of child abuse or neglect? \_\_\_\_\_

Have you ever been convicted of a felony involving harm or threatened harm? \_\_\_\_\_

If yes to any of the above, please describe in detail \_\_\_\_\_

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

## EMPLOYMENT HISTORY

List your previous two (2) employers, starting with the most recent, including military experience. Explain any gaps in employment in the COMMENTS section below.

Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_

Address \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Immediate Supervisor & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact for reference? \_\_\_\_\_

Summarize the nature of the work and job responsibilities \_\_\_\_\_

\_\_\_\_\_  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_

Address \_\_\_\_\_ Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_ Immediate Supervisor & Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact for reference? \_\_\_\_\_

Summarize the nature of the work and job responsibilities \_\_\_\_\_

\_\_\_\_\_  
**COMMENTS** (including explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_  
Have you signed a nondisclosure or non-compete agreement with your current or any past employers? \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work within Brother Rice. \_\_\_\_\_

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## SPECIAL ACCOMPLISHMENTS

List any publications; awards (exclude information which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status). \_\_\_\_\_

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## ADDITIONAL INFORMATION

List anything else you would like us to consider \_\_\_\_\_

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## MILITARY SERVICE

Branch of Service, if any \_\_\_\_\_ Rank: \_\_\_\_\_

## EDUCATIONAL HISTORY

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

College \_\_\_\_\_

Degree Attained \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_

Degree Attained \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_

Degree Attained \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_ Year \_\_\_\_\_

## CERTIFICATION

State: \_\_\_\_\_ Number: \_\_\_\_\_ Type: \_\_\_\_\_



# BROTHER RICE HIGH SCHOOL

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## PLEASE READ CAREFULLY

### **Applicant's Certification, Authorization, and Acknowledgment**

I certify that the facts as set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this Application may subject me to dismissal. You are authorized to make an investigation of my employment history and my personal history through any investigative or bureaus of your choice, and to contact any of my former employers and I give such employers the right to release to you all records of my employment (excluding medical records), including assessment of my job performance and ability. I understand that you may require a motor vehicle record report and I authorize you to obtain said report. I understand that you reserve the right to require that an offer of employment is conditional upon the results of a medical examination including, but not limited to, any drug screening test. I understand that you reserve the right to require a drug screening test at any time during employment. If employed, I understand that if I need an accommodation for a disability, under the Michigan Persons with Disabilities Civil Rights Act: 1) I must notify my employer in writing of my need for an accommodation; 2) I must give notice within one hundred eighty-two (182) days after I know or should have known I need that accommodation and; 3) My failure to provide that notice will prevent me from claiming that my employer failed to accommodate my disability. This requirement does not waive an individual's rights under the Americans with Disability Act. I further understand that the use of this Application does not indicate that there are any positions open and does not in any way obligate Brother Rice High School. This Application is current for ninety (90) days. At the conclusion of this time, if I have not been employed by Brother Rice and still wish to be considered for employment, it will be necessary for me to fill out a new Application. I further understand that if employed, I agree, in partial consideration of my employment, that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six (6) months after the termination of such employment and agree to waive any statute of limitations to the contrary.

FURTHER, I UNDERSTAND AND AGREE, THAT IF I AM HIRED BY BROTHER RICE HIGH SCHOOL, UNLESS SPECIFICALLY SET FORTH IN WRITING TO THE CONTRARY AND SIGNED BY THE PRESIDENT OF BROTHER RICE HIGH SCHOOL AND MYSELF, MY EMPLOYMENT WILL BE FOR NO DEFINITE PERIOD, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON OR NO REASON AT THE WILL OF THE PRESIDENT OR MYSELF WITHOUT ANY PREVIOUS NOTICE.

### **Child Abuse and Neglect Policy**

Child abuse and neglect is against the law. Anyone that has been convicted of child abuse and neglect will not be employed by Brother Rice High School. A child abuse and neglect conviction will be grounds for immediate dismissal from the school's employ.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

### An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) Brother Rice High School, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

|                                                                                                                                                                                                                                                                                                                                                       |      |               |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------|----------|
| Printed/Typed Name                                                                                                                                                                                                                                                                                                                                    |      | Date of Birth |          |
| Address                                                                                                                                                                                                                                                                                                                                               | City | State         | ZIP Code |
| What is your current or prospective status (check <b>one</b> )?<br><input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor                                                                                                                                                                    |      |               |          |
| Have you ever been convicted of a crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                  |      |               |          |
| If yes, please provide a description of the crime and the particulars of the conviction.                                                                                                                                                                                                                                                              |      |               |          |
| I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.                                                                                                                                                                                                                     |      |               |          |
| If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |      |               |          |
| Name of Other Qualified Entity                                                                                                                                                                                                                                                                                                                        |      |               |          |
| Signature                                                                                                                                                                                                                                                                                                                                             |      | Date Signed   |          |

**ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY**