



General Employment Application

Please print the following information using blue/black ink.
Incomplete applications are not considered.

PERSONAL INFORMATION:

Name		Date of Application	
Phone (home)		Phone (cell/other)	
Home Address		City	State Zip
E-mail		Are you eligible to work in the United States? Proof of citizenship or immigration status required upon employment. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Social Security #	

EMPLOYMENT DESIRED:

Position Desired:		Salary Desired	Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO
If so, may we inquire of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you been employed here before? If yes, when? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Available for Work	Days Available Mon Tue Wed Thu Fri Sat Sun	Times Available	

CRIMINAL HISTORY:

Have you been convicted of a felony or misdemeanor crime other than a traffic violation? (Please initial next to the appropriate answer) <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____
If yes, specify the crime (s) for which you were convicted, location and date. Records expunged or pardoned should not be included. (Conviction of a crime will not necessarily disqualify you from employment.) _____ _____ _____

EDUCATION HISTORY:

(Name & Location of School)	# Years Attended	Did you graduate?	Subjects/Major Studied or Degree Certification
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business or Tech School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business or Tech School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Certificate		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Certificate		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT HISTORY: (Start with your present or last job please. Include all employers for the past 10 years and explain all gaps in your employment. Use extra sheet if needed. Failure to list all employment for the past 10 years will eliminate you as a candidate for employment or be grounds for immediate dismissal if employed):

1. Employer		Phone		Hourly Rate/Salary Start: Final:	
Address		City		State	
Dates Employed		Supervisor's Name			
Job Title: Duties Performed:		Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain			
2. Employer		Phone		Hourly Rate/Salary Start: Final:	
Address		City		State	
Dates Employed		Supervisor's Name			
Job Title: Duties Performed:		Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain			
3. Employer		Phone		Hourly Rate/Salary Start: Final:	
Address		City		State	
Dates Employed		Supervisor's Name			
Job Title: Duties Performed:		Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain			
4. Employer		Phone		Hourly Rate/Salary Start: Final:	
Address		City		State	
Dates Employed		Supervisor's Name			
Job Title: Duties Performed:		Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain			
5. Employer		Phone		Hourly Rate/Salary Start: Final:	
Address		City		State	
Dates Employed		Supervisor's Name			
Job Title: Duties Performed:		Reason for Leaving <input type="checkbox"/> Layoff <input type="checkbox"/> Involuntary <input type="checkbox"/> Resignation Explain			

MILITARY SERVICE: Have you ever served in the military service of the United States? YES NO

Date of Induction	Branch	Induction Branch	Discharge Bank	List job or type of Duty	Date of Discharge	Type of Reserve Membership

PERSONAL REFERENCES: (List three persons not related to you, whom you have known at least one year):

1. Name		Position	Phone
Address	City	State	Zip
Relation to you (former employer, fellow worker, etc.)		Years Known	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Name		Position	Phone
Address	City	State	Zip
Relation to you (former employer, fellow worker, etc.)		Years Known	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Name		Position	Phone
Address	City	State	Zip
Relation to you (former employer, fellow worker, etc.)		Years Known	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL REFERENCES: (List two persons not related to you, whom you have known at least one year):

1. Name		Position	Phone
Address	City	State	Zip
Relation to you (former employer, fellow worker, etc.)		Years Known	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Name		Position	Phone
Address	City	State	Zip
Relation to you (former employer, fellow worker, etc.)		Years Known	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS

Other college distinctions or honors:
Additional Skills, qualifications and experience you possess that may be useful in this position (be specific, include foreign language abilities):
Do you have any physical limitations that preclude you from performing any work for which you are being considered? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please describe:
If yes, what can be done to accommodate your limitation?

Please complete the following section if you are applying for a Teaching Position:

Please checkmark what grade level you are applying for:	
<input type="checkbox"/> PK-Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7-8 <input type="checkbox"/> Grade 9-12 <input type="checkbox"/> 9-12 Occupational <input type="checkbox"/> Special Education	
Please in order of preference what subject matter you are applying for and your experience in that subject:	
1. _____	Yrs taught: _____
2. _____	Yrs taught: _____
3. _____	Yrs taught: _____
What grade levels do you teach?	
Please list sports and/or coaching experience, if any:	
Please list any musical instrument you play, if any:	

Please list any teaching experience in any of the following categories in the last 10 years:

	Years	From (mm/dd/yyyy):	To (mm/dd/yyyy):
Full-time, Elementary			
Full-time, Secondary			
Part-time, Elementary			
Part-time, Secondary			
Substitute teaching			
Administrative			
Coaching			

Have you ever been asked to leave a teaching position? YES NO (if yes please explain why)

Please attach a brief statement as to why you would like to teach at Calvary Chapel Christian School.

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or deliberate omission of fact in my application may be justification for refusal of, or if employed, termination of employment. _____ **Initial**

2. It is my understanding that Calvary Chapel Christian School will make a thorough investigation of my entire work history and, criminal background and may verify data given in my application for reemployment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Calvary Chapel Christian School and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of the investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. I authorize references and employers listed herein to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the reference/company from all liability for any damage that may result from utilization of such information.
_____ **Initial**

3. My employment may be terminated by Calvary Chapel Christian School at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by management at any time, I agree to submit to search of my person and I hereby waive all claims for damages on account of such examination. _____ **Initial**

4. I understand that business needs may at times make overtime mandatory. I understand that my schedule, work hours, days off etc. may change as needed to meet business demands. I accept these as conditions of my continuing employment. I further understand that this is an application for such employment and that no employment contract is being offered. I understand that if I am employed such employment is for no definite period of time and that Calvary Chapel Christian School can change wages, benefits and conditions at any time.
_____ **Initial**

5. I understand that I must meet the eligibility to work in the United States requirements, and all tax forms must be completed and two forms of identification must be provided for review before my first paycheck can be issued. _____ **Initial**

I have read and understand the above and certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature	Date
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Return this employment application to Calvary Chapel Christian School. You may include a resume.

Affirmative Action Statement _____ Initial

It is the policy of Calvary Chapel Christian School to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job candidates and employees without regard to race, color, national origin, gender, age, marital status, veteran status, sexual orientation, or the presence of any sensory, mental, or physical disability. Any applicant requiring assistance in any step of the employment process, such as applications, testing and/or interviewing should so inform a member of the management team either in person or by phone.

Drug/Alcohol Policy _____ Initial

Calvary Chapel Christian School is committed to a drug-free work environment and subscribes to and endorses an alcohol/drug policy founded on the expectation of responsibility.

Sexual Harassment Policy _____ Initial

Calvary Chapel Christian School is committed to maintaining a working environment free from illegal discrimination. Sexual harassment is a form of illegal discrimination. It violates Title IV and Title IX of the Civil Rights Act of 1964 as amended. Sexual harassment subverts the mission of the company. Sexual harassment is not tolerated at Calvary Chapel Christian School. Violations of this policy constitute grave misconduct and may lead to disciplinary action up to and including termination. Any employee who suspects he/she has been discriminated against in any way is encouraged to report it to a member of the management team immediately.

INCOMPLETE APPLICATIONS ARE NOT CONSIDERED.