



CENTRAL CHRISTIAN ACADEMY WARRIORS

APPLICATION FOR EMPLOYMENT

Please complete the following application, and attach a copy of your resume, if necessary, and diplomas and/or certifications if applying for a certified position. If chosen for a follow-up interview, you will be required to submit to random drug screening and a criminal background check.

Name _____

Last

First

Middle

Social Security # _____ Date of Birth _____

MM / DD / YYYY

Address _____

Street

City

State

Zip Code

Telephone _____

Home

Mobile

Job Applied For _____ Date of Application _____

Applying for: Certified Position ____ Classified Position ____

If hired, can you furnish proof you are eligible to work in the U.S.? ____ Yes / ____ No

Do you currently have relatives employed with Central Christian Academy? ____ Yes / ____ No

If yes, please provide name(s):

In case of an emergency, please contact:

Name _____ Relationship _____ Telephone _____

Have you ever been convicted of a crime other than a minor traffic violation? ____ Yes / ____ No

(An answer of YES to this question will not necessarily disqualify an applicant for employment.)

If yes, give details:

Do you have a valid driver's license? ____ Yes / ____ No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? ____ Yes / ____ No

If yes, give details:

GENERAL INFORMATION

EDUCATION		Name and Location (City, State)	Years Completed	Diploma/ Degree Certificate	Major
	Masters-Level Education & Above, if applicable				
	College or University				
	High School				
<p>What other skills or additional training/certifications do you have that relate to the job for which you are applying?</p> <p>_____</p> <p>_____</p> <p>_____</p>					

EMPLOYMENT HISTORY	List names of employers in consecutive order with most recent employer listed first, including self-employment.	
	NAME OF EMPLOYER #1	JOB TITLE
	ADDRESS	DATES OF EMPLOYMENT (MONTH/YEAR) FROM TO
	CITY, STATE, ZIP CODE	SUPERVISOR
	TELEPHONE OF SUPERVISOR	REASON FOR LEAVING
	NAME OF EMPLOYER #2	JOB TITLE
	ADDRESS	DATES OF EMPLOYMENT (MONTH/YEAR) FROM TO
	CITY, STATE, ZIP CODE	SUPERVISOR
	TELEPHONE OF SUPERVISOR	REASON FOR LEAVING
	NAME OF EMPLOYER #3	JOB TITLE
	ADDRESS	DATES OF EMPLOYMENT (MONTH/YEAR) FROM TO
	CITY, STATE, ZIP CODE	SUPERVISOR
	TELEPHONE OF SUPERVISOR	REASON FOR LEAVING
<p>Have you ever been fired from a job or asked to resign? ___ Yes / ___ No</p> <p>If yes, please explain:</p> <p>_____</p> <p>_____</p>		

REFERENCES

Please list three professional references.

Name _____ Relationship _____

Company _____ Years Known _____ Telephone _____

Name _____ Relationship _____

Company _____ Years Known _____ Telephone _____

Name _____ Relationship _____

Company _____ Years Known _____ Telephone _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to release any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by administration, or subsequent employment does not create and express or implied contract of employment nor guarantee employment for any definite period of time, unless otherwise expressed by written contract. Employees must abide by the rules of the written contract, the school handbook and policies procedures written therein, and statues of behavior of school personnel as outlined by Kentucky State Law, and failure to do so in any way, may result in termination at any time, in or outside of contract limitations.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____