



**Calvary Christian School**  
101 Calvary Street, Greer, SC 29650 calvarychristiangreer.org  
864.877.5555 Fax: 864.469.6625 ccseagle4031@yahoo.com

*Please email completed application to jclintonccs@gmail.com*

### APPLICANT INFORMATION

|   |  |   |
|---|--|---|
| Name (last, first, middle):   |  | Date:   |
| Date of Birth:  | Age:   | SSN:  |
| Current Address:  |  |   |
| City:   | State:   | Zip Code:   |
| Primary Phone:<br><input type="checkbox"/> Indicate if cell   | Secondary Phone (if available):<br><input type="checkbox"/> Indicate if cell | Email Address:  |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated   |  |   |
| Position applying for:  |  | When would you be available for work?                 |
| Do you have the legal right to work in the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |
| Have you ever been convicted of a felony that has not been expunged from your record? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| Are you related to anyone in our employment? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please state name and department:  |  |   |
| Referred by?  |  |   |
| Current Church Membership:<br>Church Name:<br>Denomination:<br>Address:<br>City/State/Zip:<br>Church Phone:<br>Pastor's Name:<br>Pastor's Email Address:  |  | What ministries are you involved with in your church? |
| How often do you attend services? <input type="checkbox"/> Always except for illness <input type="checkbox"/> Most of the time <input type="checkbox"/> Often <input type="checkbox"/> Occasionally |  |   |
| May we contact your pastor to verify your attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| Are you willing to occasionally attend Calvary for school affiliated functions? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| Have you ever been diagnosed with a mental or emotional disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please state the disorder:                                    |  |   |
| Do you have any physical challenges that we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain:  |  |   |

## EDUCATION

| Name/Address | Level     | Degree | Years Attended | Completion Date |
|--------------|-----------|--------|----------------|-----------------|
|              | Secondary |        |                |                 |
|              | College   |        |                |                 |
|              | College   |        |                |                 |
|              | Other     |        |                |                 |

## WORK EXPERIENCE

| Name and Address of Former Employer | Immediate Supervisor | Salary | Position | Reason for Leaving | Date (Month/Year) |
|-------------------------------------|----------------------|--------|----------|--------------------|-------------------|
|                                     |                      |        |          |                    |                   |
|                                     |                      |        |          |                    |                   |
|                                     |                      |        |          |                    |                   |
|                                     |                      |        |          |                    |                   |

## TEACHING EXPERIENCE

If applicable, list most recent first.

| School Name and Address | Immediate Supervisor | Phone Number | Subject/Grades | Begin/End Dates |
|-------------------------|----------------------|--------------|----------------|-----------------|
|                         |                      |              |                |                 |
|                         |                      |              |                |                 |
|                         |                      |              |                |                 |

List briefly non-teaching experience with children:

## References - 2 Work and 1 Personal

Give name, address, and phone number of three references who are not your relatives and whom you have known for at least one year.

|            |                                      |                                   |
|------------|--------------------------------------|-----------------------------------|
| 1<br>Work  | Name:<br>Address:<br>City/State/Zip: | Relationship:<br>Phone:<br>Email: |
| 2<br>Work  | Name:<br>Address:<br>City/State/Zip: | Relationship:<br>Phone:<br>Email: |
| 3 Personal | Name:<br>Address:<br>City/State/Zip: | Relationship:<br>Phone:<br>Email: |

**PERSONAL TESTIMONY**

Please write a brief testimony of your *salvation experience* and summarize your *relationship with God*.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**GOALS AND OBJECTIVES**

Briefly give your goals and objectives for Christian education.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**DO NOT WRITE BELOW THIS LINE**

**Reviewed By:**

**Remarks:**

**Date:**

**Position Given:**

**Salary:**

**Approved By: 1.**

**2.**