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| **A close up of a logo  Description generated with very high confidence**  ***Please email completed application to jclintonccs@gmail.com*** | | | | | | | | | | | | |
| **APPLICANT INFORMATION DATE:\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| Name (last, first, middle): | | | | | | | | | | | | |
| Date of Birth | | | | | Age: | | | SSN: | | | | |
| Current Address: | | | | | | | | | | | | |
| City: | | | | | State: | | | | Zip code | | | |
| Primary Phone:  Indicate if cell | | | | | Secondary Phone (if available)  Indicate if cell | | | | Email Address: | | | |
| Marital Status: Married Single Divorced 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? Yes No | | | | | | | | | | | | |
| Have you ever been convicted of a felony that has not been expunged from your record? Yes No | | | | | | | | | | | | |
| Are you related to anyone in our emloyment?  If Yes please state name and department:  Referred by? | | | | | | | | | | | | |
| Current Church Membership:  Church Name:  Denomination:  Address:  City/State/Zip:  Church Phone:  Pastor’s Name:  Pastor’s Email Address: | | | | | | | What ministries are you involved with in your church? | | | | | |
| How often do you attend services? 1.Always except for illness 2.Most of the time 3.Often 4.Occasionally | | | | | | | | | | | | |
| May we contact your pastor to verify your attendance? Yes No | | | | | | | | | | | | |
| Are you willing to occasionally attend Calvary for school affiliated functions? Yes No | | | | | | | | | | | | |
| Have you ever been ever been diagnosed with a mental or emotional disorder? Yes No  If Yes please state the disorder: | | | | | | | | | | | | |
| Do you have any physical challenges that we need to be aware of? | | | | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | |
| Name/Address | | | Level | | | Degree | | | | Years Attended/Completion Date: | | |
|  | | | Secondary | | |  | | | |  | | |
|  | | | College | | |  | | | |  | | |
|  | | | College | | |  | | | |  | | |
|  | | | Other | | |  | | | |  | | |
| **WORK EXPERIENCE** | | | | | | | | | | | | |
| Name, Address of former employer | | Immediate Supervisor | | Salary | | Position | | | | Reason for leaving | Date: Month/Year | |
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| **TEACHING EXPERIENCE** (if applicable)  List most recent first. | | | | | | | | | | | | |
| School Name : Address, Phone number | | | Immediate Supervisor | | | Address | | | | Subject/ Grades | | Begin/ End dates |
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| 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  Work | Name: Relationship:  Address:  City/State/Zip:  Phone: Email: | | | | | | | | | | | |
| 2  Work | Name: Relationship:  Address:  City/State/Zip:  Phone: Email: | | | | | | | | | | | |
| 3 Personal | Name: Relationship:  Address:  City/State/Zip:  Phone: Email: | | | | | | | | | | | |
| **Personal Salvation Testimony**  Please write a brief testimony of your salvation experience and summarize your relationship with God. | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | |