

CHRISTIAN CARE ACADEMY

APPLICATION FOR EMPLOYMENT

Instruction: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Personal Information

Application Date: ____/____/____

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: ____/____/____ Social Security No. ____-____-____

If under age 18, please list age _____

Street Address _____ City _____ State _____ Zip Code _____

How long _____

Phone Number: (____) _____ Cell Number: (____) _____

E-mail: _____

Are you eligible to work in the United States? Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes ___ No ___

If yes, explain: _____

POSITION/AVAILABILITY:

Position Applied For: _____

Days/Hours Available:

Employment Desired:

No Pref _____

Thursday _____

Full-Time Only ___ Part-Time Only ___

Monday _____

Friday _____

Full- Or Part- Time _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

How many hours can you work weekly? _____

Can you work nights? Yes ___ No ___

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION CITY , STATE	NUMBER OF YEARS	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE				
PROFESSIONAL				

Skills and Qualifications: Licenses, Skills, Training, Awards _____

Work Experience Please list your work experience for the **past two years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Present or Last Position: May we contact your present employer? Yes ___ No ___

Employer: _____

Address: _____ City _____ State _____ Zip Code _____

Supervisor: _____ Phone: (____) _____ Salary: _____

Position Title: _____ From : _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

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Employer: _____

Address: _____ City _____ State _____ Zip Code _____

Supervisor: _____ Phone: (____) _____ Salary: _____

Position Title: _____ From : _____ To: _____

Responsibilities: _____

Reason for Leaving: _____

References: Please list two professional references and one personal reference other than previous employers and relatives.

Name _____ Company _____ Address _____ Telephone (____) _____

Name _____ Company _____ Address _____ Telephone (____) _____

Name _____ Company _____ Address _____ Telephone (____) _____

Emergency Contact: Please list the person(s) to be contacted in case of emergency.

Name _____ PH # _____

Name _____ PH # _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge. I understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Christian Care Academy creates an actual or implied contract of employment. I understand that, if I accept employment with Christian Care Academy, it will be on an at-will basis. This means that either Christian Care Academy or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I agree to submit to drug and alcohol testing. If requested by Christian Care. I release Christian Care Academy, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Christian Care Academy to investigate information concerning my education, employment, experiences and all other aspects of my background relevant to my proposed employment. I release Christian Care Academy and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

