

Date Available			CHRIST	IAN SCHOOL	
Full Time	Part-time	_ Hours per week			
Position Applied for					
Other Positions Interested In				 	
			Date		
Social Security Number					
Name			Maiden Name		
(Last)	(First)	(Middle)			
Present Address					
	(Street)	(City)	(State)	(Zip)	
Home Phone		Cell Phone			
Name & Address of Parents _ (If a minor and single)	(Name)		ddress)		
Name & Address of Spouse _					
	(Name)		(Address)		
Name of person to be notifie	d in case of an emergenc	Sy			
			(Name)		
(Address)		(Phone)			
Physical Limitations	Are you willing to take a physical exam?				
Major illnesses during the pa	st five years (nature of ill	ness, year of occurrer	nce, degree of recovery):		
Please attach a brief stateme	ent on a separate sheet o	f paper.			
Name of church you currentl	y attend:		Address:		
Were you previously employ	ed hy us?	If "Yes" when?			

List any friends or relatives wor	king for us:			
Have you ever been bonded?	If "Yes", give details			·
My salary expectations are			_	
EMPLOYMENT RECORD				
Employer	Address	Position Held	Dates From - To	Reason for leaving
REFERENCES				
List at least one for each of the follo	owing: character, profe	ssional experience (not er	mployers), special abilities o	r activities
Name	Address	Position	Type of information	
Education (High school and up)				
Dates of Attendance	Name of School	City	Major Minor [Date Degree Rec'd
Do you now attend, or do you h	lave concrete plans to	o attend, a school or tra	aining in the near future?	
If "Yes", give details				
Have you ever been convicted of	of a felony or misdem	eanor?	/es no	
If "Yes", give details				