

COMMUNITY CHRISTIAN CHURCH

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire)

(An Equal Opportunity Employer)

CHRISTIAN SCHOOL

Personal Information

Date _____

Name _____
Last First Middle

Phone Number _____ Social Security Number _____

Age _____ Date of Birth _____

Present Address _____

Permanent Address _____

Are you either a U.S. Citizen or an alien authorized to work in the United States?

_____ Yes _____ No _____

Employment Desired

Position You Are Applying For _____

Date You Can Start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you applied to this company before? _____ When? _____

Which Department? _____

Education

| Name/Location of Elementary School | Years Attended | Did you Graduate? | Subject Studied |
|-------------------------------------|----------------|-------------------|-------------------------|
| _____ _____ _____ | _____ | _____ | _____ _____ _____ |
| Name/Location of High School | Years Attended | Did you Graduate? | Subject Studied |
| _____ _____ _____ | _____ | _____ | _____ _____ _____ |
| Name/Location of College/University | Years Attended | Did you Graduate? | Subject Studied |
| _____ _____ _____ | _____ | _____ | _____ _____ _____ |
| Name/Location of Any Other Schools | Years Attended | Did you Graduate? | Subject Studied |
| _____ _____ _____ | _____ | _____ | _____ _____ _____ |

*The Age Discrimination In Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. We do not discriminate on the basis of race, color, and national or ethnic origin in the administration of our employment positions.

Physical Record

Do you have any physical handicaps, conditions, or limitations preventing you from performing certain types of activities relating to babies or children? Yes No

If yes, please explain _____

What can be done to accommodate your limitation? _____

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes No

If yes, please explain _____

Have you been involved in homosexual activity within the last five years? Yes No

Do you presently have any communicable diseases (including HIV or AIDS)? Yes No

If yes, please explain _____

Do we have permission to do a police background check on you? Yes No

If no, please explain _____

Do you smoke? _____ Drink alcoholic beverages? _____ Use illegal drugs? _____

In Case of Emergency Notify

Name _____ Phone # _____

Address _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature

Date

General

Subjects of Special Study or Research Work _____

| U.S. Military/Naval Service | Rank | Present Member in National Guard or Reserves? |
|-----------------------------|------|---|
| | | |
| | | |

Former Employers (List last three employers starting with most recent first)

| Start Date/ Ending Date | Employer Name/Address/ Phone Number | Position/ Salary | Reason for Leaving |
|----------------------------|--|---------------------|--------------------|
| | | | |
| | | \$ | |
| | | | |
| Start Date/ Ending Date | Employer Name/Address/ Phone Number | Position/ Salary | Reason for Leaving |
| | | | |
| | | \$ | |
| | | | |
| Start Date/ Ending Date | Employer Name/Address/ Phone Number | Position/ Salary | Reason for Leaving |
| | | | |
| | | \$ | |
| | | | |

References (Give the names of three persons not related to you, whom you have known at least one year).

| Name | Address/Phone # | Business | Years Acquainted |
|------|-----------------|----------|------------------|
| | | | |
| | | | |
| | | | |
| Name | Address/Phone # | Business | Years Acquainted |
| | | | |
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| | | | |
| Name | Address/Phone # | Business | Years Acquainted |
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