



Apostolic Christian Academy

Employment Application

Applicant Information

Full Name:						Date:				
<i>Last</i>				<i>First</i>		<i>M.I.</i>				
Address:										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>						<i>State</i>		<i>ZIP Code</i>		
Phone:	()			E-mail Address:						
Date Available:			Social Security No.:				Birthdate:			
Position Applied for:										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:						
Person to reach in case of an emergency?				Relationship:		Phone Number:				
Have you ever been reported for child abuse or neglect? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what and when?										

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

Please list three professional and character references.

Full Name:				Relationship:					
Company:						Phone:		()	
Address:									
Full Name:				Relationship:					
Company:						Phone:		()	
Address:									
Full Name:				Relationship:					
Company:						Phone:		()	
Address:									

Previous Employment

Company:				Phone:	()
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:				Phone:	()
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:				Phone:	()
Address:				Supervisor:	
Job Title:					
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Experience with Young Children

Place	Purpose	Dates	Contact Person

Disclaimer and Signature

TCA 14-10-129 states that "each person applying for work with children as a volunteer or as a paid employee...shall complete an application on a form prescribed or approved by the Department of Human Services...It shall be unlawful for any person to falsify any information required on the application. Knowing failing to disclose required information shall be deemed to be falsification to the same extent as providing false information."

By signing the form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for the expressed purpose of pre-employment screening.

Signature:				Date:	
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