

Application for Employment

Send completed application to careers@crookcountychristian.com



CROOK COUNTY
CHRISTIAN SCHOOL

Full legal name _____

Preferred name (if different) _____

Address _____

Telephone _____ Email: _____

Social Security #: _____ Position applying for: _____

On what date would you be available for work? _____

I am available to work: full time part time temporary

Education

| High School: | | | | |
|---|-----------|-----------------|----------------|-----------------------|
| Name & Location of School: _____ | | | | |
| Did you receive a diploma? <input type="checkbox"/> yes <input type="checkbox"/> no Year of graduation: _____ | | | | |
| College, University or Professional School: | | | | |
| Name of School | Location | Major/Minor | Dates attended | Type of degree earned |
| | | | | |
| | | | | |
| | | | | |
| Other Relevant Training: | | | | |
| Name of Institution | Location | Course of Study | Dates attended | Training Completed? |
| | | | | |
| | | | | |
| | | | | |
| Skills & Qualifications: (Licenses, Awards, Certification, etc.) | | | | |
| License/Skill/Qualification | Issued By | | Date Received | |
| | | | | |
| | | | | |
| | | | | |

Church Background

Where do you regularly attend church? _____

Pastor's Name: _____ Date of Salvation: _____

Please list any volunteer activities at your church: _____

Employment History (Begin with current or most recent job. Describe each position and gaps in employment)

Name & Address of Employer: _____

Job Title: _____ Phone #: _____

Dates of employment: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

May we contact your current employer? yes no

Name & Address of Employer: _____

Job Title: _____ Phone #: _____

Dates of employment: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

Name & Address of Employer: _____

Job Title: _____ Phone #: _____

Dates of employment: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

Name & Address of Employer: _____

Job Title: _____ Phone #: _____

Dates of employment: _____ Supervisor's Name: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

References Please list three references, not relatives or former employers, whom you have known for at least three years.

Name: _____ Email: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ Email: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____ Email: _____

Address: _____

Phone: _____ Relationship: _____

Were you referred to CCCS by anyone? _____

Background Information

Do you willfully agree to a background check?

yes

no

Citizenship

Are you legally eligible for employment in this country?

yes

no

Proof of U.S. citizenship will be required upon employment.

Certification

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this questionnaire. I agree to submit to physical examination. I also authorize the companies, schools, or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information.

Signature

Date