

STAFF APPLICATION

Applying for: Teacher (PS/EL) _____ Aide _____ Substitute _____ Summer _____ Temporary _____

Days & Times Available:

	Monday	Tuesday	Wednesday	Thursday	Friday
FROM:					
TO:					

Applicant Information:

Full Name: _____ SSN #: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____

Email: _____ Male _____ Female _____ Marital Status: _____

Are you a U.S. Citizen? Yes _____ No _____ Language spoken at home: _____

Education	School Attended (Name & Address)	Major Subject/Field	Years attended	Certificate Degree
High School				
College				
Other				

Do you have a current CPR or First Aid certification? Yes _____ No _____ If yes, which one? _____

Please detail your volunteer experience with children, if any: _____

What talents, gifts, and/or skills do you have that could contribute to the staff team of NHCS?

What church do you attend? _____ Do you actively attend? Yes _____ No _____

Have you accepted Jesus Christ as your personal Lord and Savior? Yes _____ No _____

Do you believe the Bible to be the inspired and infallible Word of God, our final authority in the matters of conduct and truth? Yes _____ No _____

List any Christian ministries you have been or are presently involved in: _____

What is God saying to you or doing in your life at the present time? _____

Give a brief testimony about how you became a Christian? _____

What do you do to maintain spiritual growth? _____

Why have you chosen to apply for a position at NHCS? _____

Do you have limitations that may affect your work at NHCS? Yes _____ No _____ If yes, please explain

What is your philosophy of classroom management? _____

Please list any conferences/seminars you have attended that would be beneficial to working with children:

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain _____

Do you drink alcohol, smoke, or use drugs? Yes _____ No _____ if yes, please specify _____

What is your personal attitude toward alcohol, smoking, and drugs? _____

References: List at least 2 professional references. A personal reference is *optional*.

1	Full name:	Phone number:
	Occupation:	Relationship:
2	Full name:	Phone number:
	Occupation:	Relationship:
3	Full name:	Phone number:
	Occupation:	Relationship:

I hereby certify that the information above is true and complete to the best of my knowledge.

Signature

Date

Current & Past Employment *(List the last 10 years - starting with the most current)*

May we contact your current employer? _____ May we contact your past employers? _____

Employment Date (Month/Year)	Name of Employer	Contact Info	Position Title
Description of Duties:			
Reason for Leaving:			

Employment Date (Month/Year)	Name of Employer	Contact Info	Position Title
Description of Duties:			
Reason for Leaving:			

Employment Date (Month/Year)	Name of Employer	Contact Info	Position Title
Description of Duties:			
Reason for Leaving:			

Employment Date (Month/Year)	Name of Employer	Contact Info	Position Title
Description of Duties:			
Reason for Leaving:			

Authorization to Release Information & Agreement

I have completed an application for the position as a _____ with **New Hope Christian School**. I have authorized the school to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals which know me and have knowledge regarding my testimony and work record

I understand that **New Hope Christian School** does not discriminate in its employment practices against any person because of race, color, national, or ethnic origin, gender, age, disability, or religion.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

Since I would be working with children, I understand that the school requires a fingerprinting through the state and possibly other federal agencies prior to my start date. I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or to reflect adversely on the school or on me as a Christian role model.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

I waive the right to personally view any references given to **New Hope Christian School**.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I hereby certify that the facts set forth in the initial application are true and complete to the best of my knowledge.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Please print)

Date

Applicant's signature