



CALVARY CHRISTIAN SCHOOL of EXCELLENCE

A Ministry of Calvary Baptist Church

CALVARY CHRISTIAN SCHOOL

General Employment Application

1815 N. 7th Street, Harlingen, TX 78550 | (956) 425-1882

Equal Employment Opportunity

Calvary Christian School does not discriminate on the basis of age, race, color, ethnic background, or national origin in the administration of its educational or employment policies.

Position Information

Position(s) Applying For (check all that apply):

- Preschool / Childcare Staff
- Substitute Teacher
- Teacher (K-8)
- Support Staff

Date of Application: _____

Personal Information

Full Name: _____

Other Names Used (Maiden/Alias): _____

Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Employment History (Last 3 Employers)

1. Employer: _____
Supervisor: _____
Phone: _____
Dates: _____ to _____
Position/Responsibilities: _____
Reason for Leaving: _____
2. Employer: _____
Supervisor: _____
Phone: _____
Dates: _____ to _____
Position/Responsibilities: _____
Reason for Leaving: _____
3. Employer: _____
Supervisor: _____
Phone: _____
Dates: _____ to _____
Position/Responsibilities: _____
Reason for Leaving: _____

References (3 Required)

1. Name: _____ Phone: _____ Relationship: _____
 2. Name: _____ Phone: _____ Relationship: _____
 3. Name: _____ Phone: _____ Relationship: _____
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Applicant Certification

I certify that all information provided is true and complete. I understand that falsification or omission may result in disqualification or termination.

I authorize investigation of all statements and release all parties from liability.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____

Background Check: Cleared Pending Denied

Hire Status: Approved Denied

Required Documents (Upon Hire)

- I-9 Employment Eligibility Verification
- W-4 Tax Form
- TB Test (if required)
- Transcripts / Certification
- Identification Documents

BACKGROUND CHECK FORM

(Please PRINT clearly and complete ALL sections)

Attach a copy of your current driver's license and insurance

EMAIL ADDRESS (REQUIRED) _____

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Telephone # (____) _____ - _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License #: _____ State that Issued DL: _____ Social Security #: _____ - _____ - _____

Emergency Contact Name: _____ Number: _____

Ethnicity: Hispanic Not Hispanic Unable to Determine

Race: American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander White Other

A. Have you ever been convicted of any drug or child abuse related crimes? Yes No

B. Have you ever been convicted of any crimes related to violence? Yes No

C. Have you ever been convicted of a major traffic violation, including DWI? Yes No

D. Have you ever been convicted of ANY misdemeanor or felony crimes? Yes No

E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? Yes No

F. Have you ever had a restraining order filed against you? Yes No

If "Yes" to any question, please complete the following:

Date: _____ County: _____ State: _____

Type of Offense: *(use back if needed)* _____

Explanation: *(use back if needed)* _____

By signing below, I agree to the rules and regulations of the volunteer program outlined in the Volunteer Handbook. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity.

Volunteer Signature: _____ Date: _____

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For Office Use Only: Submitted _____ Approved: _____ Disapproved: _____