

CROSBY CHRISTIAN ACADEMY

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Times Available		
Age groups you are comfortable with			
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"/>
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a state issued ID card? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		City & State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	GED YES <input type="checkbox"/> NO <input type="checkbox"/> Date:
College		City & State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		City & State	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

RELEVANT CEU OR CREDITS EARNED		
Date	Topic	Hours earned
Date	Topic	Hours earned
Date	Topic	Hours earned
Date	Topic	Hours earned
Date	Topic	Hours earned
Date	Topic	Hours earned
First Aid & CPR certified	YES <input type="checkbox"/>	NO <input type="checkbox"/> Expiration Date

HOW WOULD YOU BE AN ASSET TO OUR TEAM?