

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		

RELVENT CEU OR CREDITS 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?

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage \$	Ending Wage \$	
Children's Ages you worked with			
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	Starting Wage \$	Ending Wage \$	
Children's Ages you worked with			
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	Starting Wage \$	Ending Wage \$	
Children's Ages you worked with			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date