



EMPLOYMENT APPLICATION
Advancement Assistant

Name _____ Date _____
Last First Middle

Address _____ Phone _____

City _____ State _____ Zip Code _____

Email Address _____

EDUCATION:

High School _____

College/University

Degree(s)	Issuing Institution	Major	Minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What software/technical experience do you have?

List experiences with event planning

List special interests or hobbies

Why do you wish to work in a classical Christian school?

This position has limited contact with students. However, if a student asked you how he/she could become a Christian, what would you say?

List books or articles that you have read within the past year.

Former Employers

Please account for the last ten years of employment and/or education and list chronologically with the most current first. FOR EACH EMPLOYER, YOU MUST ANSWER ALL QUESTIONS, USE ADDITIONAL PAPER IF NECESSARY.

Employer Name and Address:		
Monthly Starting Salary:	Final Salary:	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor's Name/Title:		Supervisor's Phone #
Title/Description Of Work:		
From: To:		
Reason(s) For Leaving:		
Employer Name and Address:		
Monthly Starting Salary:	Final Salary:	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor's Name/Title:		Supervisor's Phone #
Title/Description Of Work:		
From: To:		
Reason(s) For Leaving:		
Employer Name and Address:		
Monthly Starting Salary:	Final Salary:	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate Supervisor's Name/Title:		Supervisor's Phone #
Title/Description Of Work:		
From: To:		
Reason(s) For Leaving:		

Trinity Christian School is a Christ-centered school Classical school committed to partnering with parents to educate the minds and nurture the hearts of students for the glory of God.

List First Aide/CPR training you have received and the date(s) of training:

First Aide training completed: _____

CPR training completed: _____

Please provide the following:

1. A letter of reference from your pastor
 - a. Mailed or emailed directly to the Business Manager
2. Signed theological affirmation statement
3. Photocopies of any professional certificates held, if applicable

Applications will not be considered complete without these documents.

List three **professional references other than past employers or relatives** who have known you for at least one year.

NAME	RELATIONSHIP	ADDRESS	PHONE #

Is there anything else we should know about you and you would like to share with us?

CERTIFICATION OF APPLICANT

I understand that Trinity Christian School does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, disability or veteran status. (Initial: ____)

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be paid and receive benefits only through the day of release. (Initial: ____)

I understand that that this is only an application for employment and that no employment contract is being offered at this time. (Initial: ____)

AUTHORIZATION TO PROVIDE EMPLOYMENT INFORMATION

I, _____, hereby authorize the employers listed in this application to give any and all information regarding my previous or present employment, educational training or other information relevant to the position for which I am applying. I hereby release said reference from all liability for any damage whatsoever that may arise from disclosing this information to Trinity Christian School, and I agree that this information will not be shared with me. This authorization shall expire on _____.

Applicant's Signature

Date