EMPLOYMENT APPLICATION
(Administrative and Teaching Positions)

Name				**Date**	
Address				Phone	
City		State		Zip Code	
Email Address					

EDUCATION

High School	

Degrees	Issuing Institution	Major	Minor

Position you are applying for:

List your experiences working with students.

What experience(s) have prepared you to teach the Bible and Christian principles to students?

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.

Explain your philosophy and methods of discipline.

List special interests or hobbies.

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

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.

Employer Name and Address:			
May We Contact Your Supervisor?		Yes ☐	No ☐
Immediate Supervisor's Name/Title:		Supervisor's Phone #	
Title/Description of Work:			
From:		To:	
Reason(s) For Leaving:			

Employer Name and Address:			
May We Contact Your Supervisor?		Yes ☐	No ☐
Immediate Supervisor's Name/Title:		Supervisor's Phone #	
Title/Description of Work:			
From:		To:	
Reason(s) For Leaving:			

Employer Name and Address:			
May We Contact Your Supervisor?		Yes ☐	No ☐
Immediate Supervisor's Name/Title:		Supervisor's Phone #	
Title/Description of Work:			
From:		To:	
Reason(s) For Leaving:			

Employer Name and Address:			
May We Contact Your Supervisor?		Yes ☐	No ☐

Immediate Supervisor's Name/Title:		Supervisor's Phone #	
Title/Description of Work:			
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Reason(s) For Leaving:			

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Immediate Supervisor's Name/Title:		Supervisor's Phone #			
Title/Description of Work:					
From:		To:			
Reason(s) For Leaving:					

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 (Mailed or emailed directly to CAlonzo@TCSKailua.net)
2. Signed *Theological Affirmation Statement*
3. One-page essay on classical Christian education
4. Photocopies of any teaching certificates held

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 #

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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