

EMPLOYMENT APPLICATION (Administrative and Teaching Positions)

Name						Date	
Address					Phone		
City			State		Zip Co	de	
Email Add	dress						
EDUCATI High Scho							
	Degrees	Issuing In	stitution	Majo	r		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?

Explain your philosophy and methods of discipline.
List special interests or hobbies.
Why do you wish to work in a classical Christian school?
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?
if a state it asked you now 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 Super	visor?	Yes	No
Immediate Supervisor's Name/Title:		Supervisor's Phone #	,
Title/Description of Work:		·	
From:	r	Го:	
Reason(s) For Leaving:			
Employer Name and Address	:		
May We Contact Your Super	visor?	Yes	No
Immediate		Supervisor's Phone #	
Supervisor's			
Name/Title: Title/Description of Work:			
From:	- - - - - - - - - -	Го:	
Reason(s) For Leaving:		10.	
Reason(s) For Leaving.			
Employer Name and Address	:		
May We Contact Your Super	visor?	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 Super	visor?	Yes	No

Supervisor's Name/Title:						
Title/Description of Work						
<u> </u>						
From:			To:		1	
Reason(s) For Leaving:			I			
Employer Name and Add	ress:					
May We Contact Your Su	pervisor?		Yes		No	
Immediate			Super	rvisor's Phone #		
Supervisor's						
Name/Title: Title/Description of Work						
Title/Description of work						
E			Trans			
From:			To:			
Reason(s) For Leaving:						
List First Aide/CPR train		ve received and the	e date(s) of	training:		
First Aide training comple	eted:					_
CPR training completed:						
Please provide the following						
1. A letter of reference			emailed dire	ctly to CAlonzo@TC	CSKailua.ne	t)
2. Signed <i>Theologica</i>.3. One-page essay on						
4. Photocopies of any	teaching c	ertificates held				
Applications will not be co	nsidered co	omplete without these	e document	S.		
List three professional ref	ferences ot	her than past empl	overs or re	latives who have kn	own vou fo	r at least one vear.
NAME		ATIONSHIP		ADDRESS		PHONE #
					<u> </u>	_
					<u> </u>	

Supervisor's Phone #

Immediate

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	Is there anything else we should know about you and you	would like to share with us?
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	Applicant's Signature	Date