

CHRISTIAN ACADEMY of WNY

120 Main Street

Lockport, New York 14094

Telephone (716) 433-1652

Application for Employment

Date _____

Name _____ Social Security Number _____

Last

First

Middle

Address _____ Telephone Number (____) _____

Number and Street

City and State

Zip

How long have you been at this address? _____ Do you have the legal right to work in the United States? _____

Has anyone ever brought or discussed bringing a civil or criminal claim against you alleging physical or sexual abuse? _____

If your application is considered favorably, on what date will you be available for work? _____

What prompted you to seek employment at Christian Academy? _____

Briefly describe why you feel you could be an asset to Christian Academy? _____

What do you consider to be the single most important event in your life? _____

What do you consider the second most important event in your life? _____

EDUCATION

High School: _____ Graduate? _____

College or Technical Training:

Degree Held	School Name and Address	Major(s) and number of Hours	Minor(s) and number of hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applying for a teaching position, please have official transcripts of all college work sent to CAWNY.

List any special work toward a degree or other special training: (Indicate school where taken)

Honors received: _____

List any Professional Certificates or Licenses which you hold:: (If teaching certificate, indicate level and subjects)

Type of Certificate or License _____ Issuing State _____ Number _____

Type of Certificate or License _____ Issuing State _____ Number _____

Type of Certificate or License _____ Issuing State _____ Number _____

(over)

WORK PREFERENCE

What type of work do you prefer? _____

What would be your second choice? _____

Please list any other job skills which you possess: _____

WORK EXPERIENCE

If presently employed, may we contact your employer? _____

List all employers you have had during the last five years, starting with present or most recent employer:

1. _____
Firm Supervisor Address City State Zip

Phone: () Position: (If teaching, list subjects taught) _____

Employed from: To: Reason for leaving: _____

2. _____
Firm Supervisor Address City State Zip

Phone: () Position: (If teaching, list subjects taught) _____

Employed from: To: Reason for leaving: _____

3. _____
Firm Supervisor Address City State Zip

Phone: () Position: (If teaching, list subjects taught) _____

Employed from: To: Reason for leaving: _____

REFERENCES

Present Pastor's Name Address City State Zip Phone

Name and address of church: _____

If you have attended your present church less than one year, give the name of previous pastor and church:

Previous Pastor's Name Address City State Zip Phone

List below three persons who are well acquainted with you, not including relatives, former teachers, or employers:

1. _____
Name Address City State Zip Phone

2. _____
Name Address City State Zip Phone

3. _____
Name Address City State Zip Phone

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the Academy in any way if the Academy decides to employ me. I understand that my employment is on an at-will basis.

I authorize you to make such investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

Signed: _____ Date _____