Christ Church School
Application For Employment

PLEASE PRINT

Christ Church School is a faith based Christian School. We are an outreach of Christ Church United Methodist. By submitting this application for employment you are affirming the understanding and condition upon the fact that you belong to a Christian Church, attend worship regularly and live a Christian lifestyle. Yes ____ No ____ What is your home Church? _____

Last Name	First Name	Middle Initial	Social Security Number

Address	City	State	Zip	Phone
				( )

GENERAL INFORMATION

Are you applying for Full Time _____, Part Time _____, or Temporary _____work?

What days and hours are you available to work? _____

On what date are you available to start work? _____

What languages do you speak, read, or write fluently? _____

If hired, can you verify that you have the legal right to work in the United States? Yes _____ No _____

Do you have any special skills, training, or experience which may help you qualify for employment? Yes _____ No _____

If so, please explain _____

Do you have any certificates or licenses which may help you qualify for employment? Yes _____ No _____

If so, please list and submit copy/copies _____

_____

Do any of your relatives work for this school/Church? Yes _____ No _____ If so, who? _____

Have you applied for work at this school before? Yes _____ No _____ If so, when? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? Yes _____ No _____ If so, please explain (Note: Conviction will not necessarily disqualify applicant) _____

EDUCATION BACKGROUND

Type of School	Name and Address	Years Attended	Graduated	Course or Major
High School			Yes _____ No _____	
College			Yes _____ No _____	
Post Graduate			Yes _____ No _____	
Business			Yes _____ No _____	
Other			Yes _____ No _____	

EMPLOYMENT EXPERIENCE

Please start with your most recent job and include all periods of employment, self-employment, job-related military service, and volunteer work.

From To	Employer's Name/Address/Telephone	Start Pay Last Pay	Job Title Reason for Leaving
Describe the Work You Did			
From To	Employer's Name/Address/Telephone	Start Pay Last Pay	Job Title Reason for Leaving
Describe the Work You Did			
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Describe the Work you Did			

May we contact the employers listed above? Yes _____ No _____ If not, please indicate which ones you do not wish us to contact _____

_____

PERSONAL REFERENCES

Please do not list relatives or former employers.

Name and Title	Address	Phone Number
1.		
2.		
3.		

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the school to thoroughly investigate my work experience and any other matters related to my suitability for employment. In addition, I herby release the school, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I acknowledge that, prior to or during my employment, the school may require any legal testing and/or examination, including but not limited to medical, physical, drug and/or alcohol, psychological, and skill and aptitude.

I also acknowledge that, if employed, both the school and I have the right to terminate the employment relationship at any time, without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the school and may not be modified by any oral or implied agreement.

Applicant's Signature _____ Date _____

CHILD/YOUTH PROTECTION WORKER REFERENCE FORM

To the Applicant: Please fill in your name:_____
I waive the right to view this reference form. _____ Yes _____ No

To the reference: The above name has listed you as a reference for working with children and youth at Christ Church United Methodist. Your frank appraisal of this applicant is of the utmost importance to us, and we greatly appreciate your assistance. As required by Florida Statutes and our Church Child and Youth Protection Policy, personal references must be completed for any adult to work with Children or Youth. Your reply will be kept confidential. Please return in a sealed envelope to the applicant or email directly to kzimmer@ccsfl.org.

Personal Qualifications

Please rate the applicant on the characteristics listed below by circling E (Excels), S (Satisfactory), N (Needs Improvement), U (Unsatisfactory)

Character	E	S	N	U
Leadership	E	S	N	U
Ability to create and maintain a safe environment	E	S	N	U
Willingness to serve	E	S	N	U
Teamwork	E	S	N	U
Warmth/Sense of Caring	E	S	N	U

Knowledge of Applicant

How long, how well, and under what circumstances have you known the applicant? _____

_____

How would you describe the applicant's ability to relate to children/youth? _____

_____

How would you describe the applicant's leadership abilities? _____

_____

How would you describe the applicant's ability to relate to adults? _____

_____

Would you be willing to have your own child under this applicant's leadership? _____

Do you know of any characteristics that would negatively affect the applicant's ability to work with children or youth? If so, please describe: _____

_____

Additional Comments: _____

_____

Reference signature:_____

Reference name: _____

Home Address: _____

Daytime Phone:_____ Evening Phone:_____

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