

LAKE WORTH CHRISTIAN SCHOOL EMPLOYMENT APPLICATION

Notice to Applicants

This employer complies with the American with Disabilities Act of 1990. We will not use the information on this application to discriminate against any individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, sex, age, national origin, marital status, or disabilities.

GENERAL INFORMATION					
Position Desired: _____		Social Security Number: _____			
Last Name: _____		First Name: _____		Middle Name: _____	
Address: _____		City: _____		State: ____	County: _____
Phone: _____		Are you 18 years of age or older? Yes No			

EMPLOYMENT HISTORY					
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List the last three positions you have held, beginning with the most recent. All information must be completed, even if you are submitting a resume.

Date: Month/Year	Name and Address of Employer	Position	Supervisor & Title	Phone #	Rate of Pay
From:					Start:
To:					End:

Reasoning for Leaving: _____

May we contact? Yes No If No, explain: _____

Date: Month/Year	Name and Address of Employer	Position	Supervisor & Title	Phone #	Rate of Pay
From:					Start:
To:					End:

Reasoning for Leaving: _____

May we contact? Yes No If No, explain: _____

Date: Month/Year	Name and Address of Employer	Position	Supervisor & Title	Phone #	Rate of Pay
From:					Start:
To:					End:

Reasoning for Leaving: _____

May we contact? Yes No If No, explain: _____

EDUCATION			
	Name & Location	Course of Study	Degree Earned
High School			
College			
Technical School			
Other			

PROFESSIONAL REFERENCES		
List name and telephone number of three business/work references		
Name	Relationship	Phone Number
1.		
2.		
3.		

CERTIFICATION AND AGREEMENT

I certify that the answers given herein are true and complete. I authorize investigation of statements contained herein as may be necessary. I understand that false statements, omissions, or misleading statements on this application shall be considered cause for dismissal. If my employment is terminated because of such omissions or misleading statements, I agree that my employer(s) shall not be held liable in any respect.

Signature: _____ Date: _____

Authorization for release of information

In connection with my application for employment, including contract for services, with _____ (the "Company"), I authorize the Company and their representative agents to solicit information about my background including about my employment, education, driving record, and criminal record.

I release the Company, their representative employees, agents, and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such informational reports.

Signature: _____ Date: _____

