



Trinity Christian Academy After School Program Application for Employment

Date _____

Name _____
Last First Middle Social Security # _____

Address _____ Telephone # _____

How long have you been at this address? _____

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

Briefly describe why you desire to work at Trinity Christian Academy. _____

EDUCATION BACKGROUND

High School: _____ Date of Graduation: _____

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

List any Professional Certificates or Licenses which you hold or any special work toward a degree or other special training:

CHILD CARE EXPERIENCE

Dates	Place	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK PREFERENCE

What type of work do you prefer? _____

(include age groups, part-time, full time, days available etc.)

Second choice? _____

Please list any other job skills that you possess: _____

WORK EXPERIENCE

If presently employed, may we contract your employer? _____

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

1. _____
Employer Supervisor Address City State Zip
Phone: _____ Position: (If teaching, list subjects taught) _____
Employed from: _____ To: _____ Reason for leaving: _____
2. _____
Employer Supervisor Address City State Zip
Phone: _____ Position: (If teaching, list subjects taught) _____
Employed from: _____ To: _____ Reason for leaving: _____
3. _____
Employer 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

My signature below indicates my agreement with the school's Mission Statement of Faith. It also indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is cause for dismissal should I be employed by TCA.

By my signature, I authorize TCA to ask for and obtain from each former employer, person, firm, or corporation given as reference any and all information sought in connection with this application. I also authorize any former employer, person, firm, or corporation from whom such information is requested to supply TCA with information concerning me, my work habits, character, skill, and actions in any transaction. I indemnify TCA from any liability which may result from investigation/inquiry. I also understand the school may request a criminal records check and I authorize TCA and the local law enforcement agency permission to retrieve and review this information.

Signed: _____ Date _____

Trinity Christian Academy does not discriminate based on the basis of age, race, color, handicap, or national origin in its dealings with employees, students, the general public, applicants for employment, educational programs, activities, or access to its facilities.