

Champion Christian Learning Academy

Application
For Employment

P:423-498-2642

F:423-498-2663

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position Applied For:

Date of Application:

Last Name

First Name

Middle Name

Address

Number of Street

City

State

Zip Code

Telephone

Birth

Age

Social Security

Email address:

Are you currently employed?

___ Yes

___ No

On what date would you be available for work?

Are you available to work: ___ Full Time ___ Part Time?

What Days are you available? (Circle all that apply) M T W TH F

What times are you available to work? _____ AM _____ PM

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No

Education

Name & Address
Of School

Years
Completed

Diploma
Degree

High
School

Undergraduate

College

Graduate
Professional

Other (Specify)

Employment Experience

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Date Employed		Work Performed
	From	To	

Address

Telephone Number	Hourly Rate/Salary	
	Starting	Final

Job Title

Supervisor

Reason for Leaving

Employer	Date Employed		Work Performed
	From	To	

Address

Telephone Number	Hourly Rate/Salary	
	Starting	Final

Job Title

Supervisor

Reason for Leaving

If you need additional space, please use a separate sheet of paper.

Additional Information

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

References:

Name:

Relationship:

Phone:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not application is being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organizations of the employer.

Signature of Applicant

Date

STAFF EMERGENCY CONTACT FORM

Staff Name _____
Address _____
Phone Number (Home) _____ (Cell) _____
Email _____

In case of emergency contact:

Primary contact name _____
Relationship _____
Home Address _____
Phone Number (Home) _____ (Cell) _____ (Work) _____
Email _____

Secondary contact name _____
Relationship _____
Home Address _____
Phone Number (Home) _____ (Cell) _____ (Work) _____
Email _____