

Classified Employment Application

Positi	on App	lying fo	r:										
Date	of Appli	ication:		Date Available:									
Perso	onal I	Histo	ry										
Last Name:				First Name:							Middle Initial:		
Addre	ess:												
City:				State:					Zip:				
				Cell:									
Email	:												
Have	you pre	eviously	y been emp	loyed by (CCALL	.?		Y N		If yes, lis	t month and yea	r:	
How	did yo	ou lea	rn about	this ope	n pos	ition?							
Descr	ibe yo	our tes	stimony, r	elationsl	nip wi	th Chr	rist, ar	nd how	He is a	actively wo	rking in your l	ife today.	
Educ	ation	al Ra	ecord										
			of educ	ation cor	nplet	ed:							
High School			Coll	College									
9	10	11	12	1	2	3	4	5		-			
Principal field of study:			Business or trade school:										
											F	lours	
Have you completed a CPR/First Aid course?					NI.	If yes, date completed:				Completed:			

Employment History

Please list your last four employers, beginning with the most current

Begin/End Date:
Email:
Begin/End Date:
· · · · · · · · · · · · · · · · · · ·
Email:
Begin/End Date:
1 5
Email:
Begin/End Date:
· · · · · · · · · · · · · · · · · · ·
Email:
urrent employer? Y N on you're applying for, indicate your experience which would be of value for the

Have you ever been cor	nvicted of a felony?	Y N	If yes, please explain below:
			create Cornerstone Christian Academy for ontinue to employ me in the future.
I hereby certify that all inf knowledge.	ormation contained in this a	pplication	is correct and complete to the best of my
conduct a professional is signature hereby authorized	reference check with my cu	urrent and, release ir	y for Learning and Leadership (CCALL) to /or previous employer(s). Additionally, my nformation and to provide any additional
			t limited to, verbal and written information about otential, dates of employment, salary, and
information about my em	ployment history, academic	credentia	nat could arise from giving, or receiving, ls, qualifications, or my suitability for ontinued employment with CCALL may be
This form may be reprode	uced as a facsimile, and cop	oies will be	e as effective as an original signature.
Date:			
Applicant's Printed Name:			
Applicant's Signature:			

Please continue to page 4

Applicant Professional References

First Name:	Last Name:
Title:	Relationship:
Address:	City, State & Zip
Email:	Phone:
First Name:	Last Name:
Title:	Relationship:
Address:	City, State & Zip
Email:	Phone:
First Name:	Last Name:
Title:	Relationship:
Address:	City, State & Zip
Email:	Phone:
First Name:	Last Name:
Title:	Relationship:
Address:	City, State & Zip
Fmail:	Phone:

Save the application to your computer before using the submit button below. Alternatively, send your application via email to slavalley@ccak12.net.