



Calvary Christian School
 101 Calvary Street, Greer, SC 29650 calvarychristiangreer.org
 864.877.5555 Fax: 864.469.6625 ccseagle4031@yahoo.com



Please check the box(es) above to indicate whether you are applying to a school position (K5-12th grade) or a preschool position (K2-K4), then email your completed application to jclintonccs@gmail.com

APPLICANT INFORMATION

Name (last, first, middle):	Date:
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Date of Birth:	Age:	SSN:
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Current Address:

City:	State:	Zip Code:
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Primary Phone: <input type="checkbox"/> Indicate if cell	Secondary Phone (if available): <input type="checkbox"/> Indicate if cell	Email Address:
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Marital Status: Married Single Divorced Separated

Position applying for: _____ When would you be available for work? _____

Do you have the legal right to work in the United States of America? Yes No

Have you ever been convicted of a felony that has not been expunged from your record? Yes No

Are you related to anyone in our employment? Yes No
 If yes, please state name and department:
 Referred by?

Current Church Membership: Church Name: Denomination: Address: City/State/Zip: Church Phone: Pastor's Name: Pastor's Email Address:	What ministries are you involved with in your church?
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How often do you attend services? Always except for illness Most of the time Often Occasionally

May we contact your pastor to verify your attendance? Yes No

Are you willing to occasionally attend Calvary for school affiliated functions? Yes No

Have you ever been diagnosed with a mental or emotional disorder? Yes No
 If yes, please state the disorder:

Do you have any physical challenges that we need to be aware of? Yes No
 If yes, please explain:

EDUCATION

Name/Address	Level	Degree	Years Attended	Completion Date
	Secondary			
	College			
	College			
	Other			

WORK EXPERIENCE

Name and Address of Former Employer	Immediate Supervisor	Salary	Position	Reason for Leaving	Date (Month/Year)

TEACHING EXPERIENCE

If applicable, list most recent first.

School Name and Address	Immediate Supervisor	Phone Number	Subject/Grades	Begin/End Dates

List briefly non-teaching experience with children:

References - 2 Work and 1 Personal

Give name, address, and phone number of three references who are not your relatives and whom you have known for at least one year.

1 Work	Name: Address: City/State/Zip:	Relationship: Phone: Email:
2 Work	Name: Address: City/State/Zip:	Relationship: Phone: Email:
3 Personal	Name: Address: City/State/Zip:	Relationship: Phone: Email:

