



# Capital Christian School

395 Marion St. NE | Salem, OR 97301 | 503-375-5764

## Employment Application

Date of application _____ Date available for employment _____ Date application received by school _____	Position Applying For: <input type="checkbox"/> Teacher (Grade/subject desired) _____ <input type="checkbox"/> Substitute Teacher (Grade/subject) _____ <input type="checkbox"/> Other (please list) _____
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### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address \_\_\_\_\_

### EDUCATION BACKGROUND

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

College \_\_\_\_\_ Graduation Date \_\_\_\_\_

Degree \_\_\_\_\_ Minor \_\_\_\_\_

Other Education \_\_\_\_\_

Do you have a current Teaching License? YES  NO  For which state? \_\_\_\_\_

Endorsement \_\_\_\_\_

Other \_\_\_\_\_

### PREVIOUS EMPLOYMENT

- Employed by \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES  NO
- Employed by \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES  NO
- Employed by \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 May we contact your previous supervisor for a reference? YES  NO

**PROFESSIONAL REFERENCES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL REFERENCES (Please, no relatives)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER INFORMATION**

Where do you attend church? \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Please write a brief testimony about how you became a Christian.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you best describe your spiritual journey now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a brief statement of your philosophy of working with children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

My signature gives witness that information and statements provided are true and complete. I give Sonshine School / Salem First Baptist Church authorization to contact any individual or organization listed as a reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

- \_\_\_\_\_ Applicant interviewed by \_\_\_\_\_
- \_\_\_\_\_ Applicant authorization for criminal records check.
- \_\_\_\_\_ References contacted.
- \_\_\_\_\_ Applicant accepted. Position \_\_\_\_\_
- \_\_\_\_\_ Applicant denied.