



Pre-Employment Application

Grace Christian School is committed to a policy of equal employment opportunity and does not discriminate in the terms, conditions, or privileges of employment on account of race, age, color, sex, national origin, physical or mental disability, religion or otherwise as may be prohibited by federal and state law. In addition, we make reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the school, or threaten the health or safety of others at work. If you need assistance in completing this application, let us know and we will provide assistance. The receipt of this application does not mean that job openings exist at our organization and does not obligate us in any way. We appreciate your interest.

I. Applicant Information (Please PRINT your name EXACTLY as shown on your Social Security Card.)

First Name		Last Name		Middle Initial
Street Address				
City		State	Zip Code	
Telephone	Email			

Are you legally authorized to work in the U.S.? Yes No

Are you over 18 years of age? Yes No

II. Education

School	Print School Name, Street Address, City, State & Zip	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Other				

Other Skills (List other job-related skills or qualifications that support your application.)

Honors Received (Certifications, Awards, etc.)

In order to permit us to check your work and educational records, please identify any change of name or assumed name you previously used. (Identify names and relevant dates.)

III. Employment Experience (Please list in chronological order beginning with your most recent employer.)

Employer	Dates Employed	Immediate Supervisor
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Address

Job Title	Telephone
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Work Performed

Reason for Leaving	Able to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Dates Employed	Immediate Supervisor
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Address

Job Title	Telephone
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Work Performed

Reason for Leaving	Able to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Dates Employed	Immediate Supervisor
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Address

Job Title	Telephone
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Work Performed

Reason for Leaving	Able to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are there any hours or days you will not, or cannot work? Yes No If **yes**, please explain:

Do you have any friends or relatives who work here?
 Yes No

.....
Name Relationship

.....
Name Relationship

.....
Name Relationship

IV. Professional References (Note: Listed references may be contacted.)

List three persons not related to you that can speak to your professional work experience.

Name 1	Telephone	Occupation
Relationship	Email	Company
Name 2	Telephone	Occupation
Relationship	Email	Company
Name 3	Telephone	Occupation
Relationship	Email	Company

Have you filed an application with us before? Yes No If **Yes**, give approximate date:

Have you ever been employed here before? Yes No If **Yes**, list below.

Dates	Job Title	Supervisor	Location

NOTICE TO APPLICANTS: This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

V. Applicant Statement

Equal Opportunity Employer

Grace Christian School (hereafter the School) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, disability, veteran status, or any other basis that is prohibited by federal, state, or local law. No question in this application is intended to secure information to be used for such discrimination. In addition, the School makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the School or threaten the health or safety of others at work. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Company or their designated subsidiaries and affiliates permission to contact schools, previous employers, references, and others, and hereby release the Company and their designated subsidiaries and affiliates from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Signature

Date