



Columbia Academy Employment Application

* Required

Please attach and send resume in PDF format with this document.

Name: *

Maiden Name (if applicable):

Address: *

Telephone number:

Email address *

Are you legally eligible for employment in the United States: *

Yes

No

Position(s) applied for: *

Will you accept employment that is:

Full Time

Part Time

Temporary

Date you are available to start work: *

Salary or wages desired:

Have you worked for CA before? *

Yes

No

If yes, when?

Church Membership - of what church of Christ congregation are you a member? *

Congregation city and state *

Do you drink alcohol? *

Yes

No

Do you use tobacco? *

Yes

No

Please indicate any special qualities and/or skills:

EDUCATION

What is the highest level of education you have completed? *

High School

Some College

Associates

Bachelors

Masters

Doctorate/Professional

Name and location of high school *

Did you graduate from high school? *

Yes

No

Did you graduate from college? *

Yes

No

Name and location of college/university

College course of study

Are you employed at the present time? *
Yes No

If hired, will you work overtime if required? *
Yes No

Have you ever been convicted of a crime (other than a minor traffic violation)? *
Yes No

If yes, list convictions (a conviction does not necessarily disqualify an applicant for the position):

WORK EXPERIENCE

EMPLOYER 1 * :

City/State: *

Employer phone number: *

Job title and duties: *

Are you employed at this time? Yes No

If not, reason for leaving. *

Month/Year began/ended: *

Supervisor's name: *

Starting and ending salary/wages: *

EMPLOYER 2 * :

City/State: *

Employer phone number: *

Job title and duties: *

Are you employed at this time? Yes No

If not, reason for leaving. *

Month/Year began/ended: *

Supervisor's name: *

Starting and ending salary/wages: *

Years Known: *

Phone: *

Email: *

REFERENCE 2:

Type of Reference *

Professional

Personal

Name: *

Organization: *

Relationship: *

City/State: *

Years Known: *

Phone: *

Email: *

REFERENCE 3:

Type of Reference *

Professional

Personal

Name: *

Organization: *

Relationship: *

City/State: *

Years Known: *

Phone: *

Email: *

ADDITIONAL INFORMATION

TN Teacher Certification Number

Date Issued:

Date Expires:

Certified for Grades:

Areas of Certification:

Teacher Certification from Other States? If so, please specify:

Have you had any teacher certificate suspended or revoked: *

Yes

No

If yes, why?

Other areas with 12 or more college credit hours?

Subjects you prefer to teach:

Grades you prefer:

Sports or Activities you could coach or sponsor?

Is there any other information you would like to share? If so, please use this space to do so.

The information submitted is true and complete to the best of my knowledge. Should I be employed by the School, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The School, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history, or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the School.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the School, I may resign such employment at any time at my discretion with or without notice, unless a separate school written contract is executed and the School may terminate my employment at any time at their discretion, with or without cause and with or without prior notice, unless a separate school written contract is executed.

ELECTRONIC SIGNATURE

The electronic signature and related fields below are treated by Columbia Academy like a physical handwritten signature on a paper form.

Check for Electronic Signature *

Name: *

Date: *