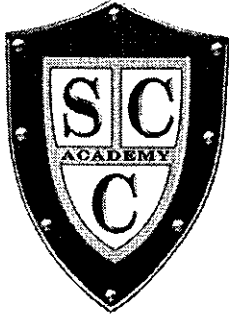


APPLICATION FOR EMPLOYMENT



**Salem County
Christian Academy**

104 Sparks Ave.
Pennsville, NJ 08070

Phone: 856 678-9464

Fax: 856 678-3696

**Email: sccanj@comcast.net
administrator@sccanj.org**

Attach Recent
Photograph
In This
Space (if Available)

Please print

First Name: _____ M.I. _____ Last Name: _____

Address _____

City _____ State: _____ Zip _____ Phone: _____

Date: _____ E-mail (if applicable) _____ @ _____

Legal questions:

- 1. Have you ever been accused, arrested, or convicted of any type of felony?
Yes or no (circle one)

If yes, please explain

- 2. Have you ever been accused, arrested or convicted of any form of abuse, or neglect of a minor? Yes or no (circle one)

If yes, please explain:

I, attest that the information given above is accurate, and failure to answer truthfully will disqualify me from employment consideration at Salem County Christian Academy.

Signed: _____ Date: _____

Position applying for:

___ Pre-School (___ 3 year olds, ___ 4 year olds)

___ Kindergarten

___ Elementary (Grade) _____

__ Junior/Senior High (Subjects) _____
__ Administration: _____
__ Extended Care: _____
__ Other: _____
__ Teacher's Aid: _____

Would you be willing to accept another position other than the one checked above?
Yes or no (circle one) Explain:

Educational Information:

Experience working with children (other than teaching) _____

Musical Abilities: _____

Hobbies: _____

Education:

• **High School:** _____

Address: _____

City: _____ State: _____ Zip: _____

• **College:** _____

Address: _____

City: _____ State: _____ Zip: _____

Degree earned: _____ Major: _____ Minor: _____

Dates attended: _____ Education credits earned: _____

• **College:** _____

Address: _____

City: _____ State: _____ Zip: _____

Degree earned: _____ Major: _____ Minor: _____

Dates attended: _____ Education credits earned: _____

CEU's earned: _____ Certification: _____ (state) _____

Teaching Experience

Please list the following employment information beginning with the **most recent**.

• **Employer:** _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Position: _____

Grades or subjects taught: _____

Sports coached: _____

Extra-curricular responsibilities: _____

Computer skills: _____

Dates of employment: _____ Years and months there: _____

Reason for leaving: _____

What general curriculum did you work with? _____

• **Employer:** _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Position: (administrative) _____

Grades or subjects taught: _____

Sports coached: _____

Extra-curricular responsibilities: _____

Computer skills: _____

Dates of employment: _____ Years and months there: _____

Reason for leaving: _____

What general curriculum did you work with? _____

NON-Teaching Employment History

• **Employer:** _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Position: _____

Description of duties: _____

Dates of employment: _____ Years and months there: _____

Reason for leaving: _____

• **Employer:** _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's name: _____

Position: _____

Description of duties: _____

Dates of employment: _____ Years and months there: _____

Reason for leaving: _____

References

Give three references: 2 professional and 1 personal.
(Do not include family members or your current pastor)

May we contact your references? YES or NO

Please print clearly or type and identify proper title (i.e. Mr. Mrs. Miss, Dr. etc.)

Name:	Address (include zip)	Phone number

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. A criminal background check is necessary for all employees. Will you submit to the Academy performing a criminal background check? Yes _____ No _____ Explain why not:

Please fill out attached form for background check!

Candidate Authorization Form

Background Investigation Consent

I, _____, hereby authorize Salem County Christian Academy and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Salem County Christian Academy.

I release Salem County Christian Academy and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Present Address _____

How Long at Present Address? _____

City _____ State _____ Zip _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Date of Birth*: _____

Social Security Number: _____

Driver's License Number: _____

State of License: _____

Signature of Candidate / Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Salem County Christian Academy abides by all applicable state and federal employment laws.