



APPLICATION FOR EMPLOYMENT – Substitute

Personal Information

Applicant's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First	MI
Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Home Telephone:	(<input type="text"/>) <input type="text"/>	Cellular: (<input type="text"/>) <input type="text"/>	
E Mail Address	<input type="text"/>		
Social Security Number	<input type="text"/>	Marital Status	<input type="text"/>
Place of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Origin	U.S. Citizen <input type="checkbox"/> yes <input type="checkbox"/> no If no, citizen of <input type="text"/>		
Church Affiliation	<input type="text"/>		
Spouse's Name	<input type="text"/>	Workplace	<input type="text"/>
Workplace Telephone	<input type="text"/>	Dependents	<input type="text"/>
		Number	Ages
Have you ever been arrested or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			

Reason for Application

Why do you wish to join the ministry of Brevard Christian School? _____ _____ _____

General Health

Health Condition _____ Physical Limitations _____ Are you presently under a physician's care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____
Have you ever been under psychiatric treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____
Do you: Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Drink? <input type="checkbox"/> Yes <input type="checkbox"/> No Use Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to any of the above, please explain _____ _____

Education

Highest Degree Held	<input type="text"/>		
Subject/Fields	Type	Exp. Date	State
<input type="text"/>			

Past Employment History (Please list most recent experience first)

From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	
				Name of Employer	
Position Held	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Supervisor's Name	<input type="text"/>			Telephone No.	<input type="text"/>
Total Months/Years Experience	<input type="text"/>	<input type="text"/>	Salary	<input type="text"/>	
Reason for Leaving	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	
				Name of Employer	
Position Held	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Supervisor's Name	<input type="text"/>			Telephone No.	<input type="text"/>
Total Months/Years Experience	<input type="text"/>	<input type="text"/>	Salary	<input type="text"/>	
Reason for Leaving	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	
				Name of Employer	
Position Held	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Supervisor's Name	<input type="text"/>			Telephone No.	<input type="text"/>
Total Months/Years Experience	<input type="text"/>	<input type="text"/>	Salary	<input type="text"/>	
Reason for Leaving	<input type="text"/>				

Name	<input type="text"/>	Telephone	(<input type="text"/>)	<input type="text"/>
Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>
Position Held	<input type="text"/>	Months/Years Known You	<input type="text"/>	

The above statements and information are true and accurate to the best of my knowledge. I agree that any purposeful omissions(s) or false representation(s) will constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail, it will not be considered for employment.

Applicant's Signature

Date

