

Life Christian Academy
3200 N. Choctaw Rd.
Choctaw, Okla. 73020
(405) 390-5084

Application for Employment
(Preschool-School/Part-Time/Sub)

Date _____

Position Applying for: _____
(Mr.)

Name (Mrs.) _____
(Miss) Last First Middle Maiden

Present Address _____

City _____ State _____ Zip _____ Phone _____

I. Personal Background

Date of Birth _____

Special needs _____ Yes _____ No If yes, describe. _____

Military Status _____ Years Military Service _____

Social Security Number _____ Citizenship _____

Marital Status: Single Married Widowed Divorced Divorced/Remarried

Spouse (Name and Age) _____

Children (Names and Ages) _____

List any awards, special recognitions, or honors you have received. _____

List special skills (Musical instruments, hobbies, etc.) _____

Have you ever been arrested? _____ Yes _____ No

If yes, give details. _____

II. Education

Name & Location of School	Dates Attended	Degree or Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many college credits have you completed? _____ Major _____

Are you presently enrolled in a degree program or training? _____

If so, describe. _____

Certificate(s) now held: _____

III. Work Experience

Employer (Name & Location)	Kind of work performed	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Child Care/Office Skills & Experience

ChildCare Years Experience _____ Ages worked with _____ Office equipment used _____

Other business machine(s) – please list _____

V. Spiritual Data

Have you received Christ as your Lord & Savior? _____ When? _____

Member of what church? _____ Denomination? _____

Are you willing to work with members of other evangelical churches? _____

Do you believe the Bible to be the inspired and infallible Word of God and final authority in all matters of faith, conduct and truth?

VI. Reference Data

A. Spiritual – A spiritual leader who knows you well:

Name: _____ Phone: _____

Address: _____

B. Pastoral – Pastor of the church you are now attending *if different* from above:

Name: _____ Phone: _____

Address: _____

C. Professional – Someone who has supervised your work:

Name: _____ Phone: _____

Address: _____

Additional Information: _____

Personal References:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Please initial yes or no to the following:

A Criminal background/Fingerprinting check will be required. \$53.00 ____yes ____no

I agree to pay \$20.00 for ELECCT on line course required by DHS within 90 days of my employment

Yes_____ No_____

I agree to take CPR/First Aid as required. _____Yes _____No

I agree to take the training required by DHS annually. _____ Yes _____ No