

SUNLIGHT CHRISTIAN ACADEMY

Application for Employment

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Position you are applying for: _____

EDUCATION

Do you hold a current Florida Teaching License? yes no

Specialized training applicable to the position(s) for which you are applying: _____

Name of Institution:	Dates Attended:	Degree/Certificate/Diploma:
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PREVIOUS EMPLOYMENT

Employer: _____ Job Title: _____

Employer Address: _____

Supervisor's Name: _____ Phone Number: _____

May we contact this employer? yes no Dates employed: (Mo./Yr.) _____

Hours per week: _____ Last Salary: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

Employer Address: _____

Supervisor's Name: _____ Phone Number: _____

May we contact this employer? yes no Dates employed: (Mo./Yr.) _____

Hours per week: _____ Last Salary: _____

Duties: _____

Reason for leaving: _____

Employer: _____ Job Title: _____

Employer Address: _____

Supervisor's Name: _____ Phone Number: _____

May we contact this employer? yes no Dates employed: (Mo./Yr.) _____

Hours per week: _____ Last Salary: _____

Duties: _____

Reason for leaving: _____

Special skills or languages spoken: _____

Have you ever been convicted of a crime other than a minor traffic violation? yes no

If yes, please explain _____

REFERENCES

Name: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Are you a U.S. Citizen? yes no

_____ I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

_____ I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.

_____ I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.

Print name: _____

Signature _____ Date: _____

Please submit to:

SUNLIGHT CHRISTIAN ACADEMY

477 SW Cashmere Boulevard, Port St. Lucie, FL 34986

Phone: (772) 446-7363

Fax: (772) 879-4346