TEXOMA CHRISTIAN SCHOOL

Employment Application for Non-Instructional Position

This application will be given every consideration, provided that each item is answered in a complete and accurate manner. The receipt of this application does not imply that the applicant will be employed.

PERSONAL:

Name : Home Phone ( )

Last First Middle AC

Present Address

Number Street City State Zip

Previous Address

Number Street City State Zip

Social Security Number Are you over 18 years of age? ☐ Yes ☐ No

Driver's License Number: State: Type:

Email Address: Cell Phone: ( )

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?
☐ Yes ☐ No

Please write about your relationship with God. Include your conversion, spiritual growth, and your present spiritual walk:

Of what church are you a member?

Pastor/Minister's Name:

Do you use tobacco products, illegal drugs, and /or drink alcoholic beverages? ☐ Yes ☐ No

EMPLOYMENT DESIRED:

Are you seeking ☐ full-time ☐ part-time ☐ temporary or summer employment?

Position applied for : Wage Per Hour Desired:

Have you ever applied here before? ☐ Yes ☐ No Have you ever worked here before? ☐ Yes ☐ No

If you answered Yes to either of the above questions, state when and where you applied and/or worked.

How did you learn of our school and/or position?

Are you now, or do you expect to be, working in any other business or job? ☐ Yes ☐ No

Are there any days or hours you would be willing or unwilling to work? ☐ Yes ☐ No

If yes, please specify

When would you be available to start?

Are you presently employed? ☐ Yes ☐ No If yes, may we contact your employer? ☐ Yes ☐ No

Would you be willing and able to perform all the tasks required by the job for which you are applying? ☐ Yes ☐ No If not, explain which tasks

Will you abide by the safety rules and all policies and procedures of this school? ☐ Yes ☐ No

Would you be willing and able to report to work on time every day on a regular and consistent basis? ☐ Yes ☐ No If not, please explain

Have you ever been fired or asked to resign from a job? ☐Yes ☐ No If yes, please explain

Have you ever been disciplined or received verbal or written warnings for absenteeism and/or tardiness?

☐ Yes ☐ No If yes, please explain

EDUCATION

Name, Address and Location	Dates	Graduated?	Courses Studied
High School		☐ Yes ☐ No	Diploma:
College	From: To:	☐ Yes ☐ No	Diploma:
Trade or Business School	From: To:	☐ Yes ☐ No	Diploma:

Are you planning to pursue further studies? ☐ Yes ☐ No If so, when, where, and what courses?

WORK HISTORY:

List names of employers in consecutive order with present or last employer list first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Please state month and year.

Name of Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed From: To:	Pay Starting
Telephone Area Code ( )	Nature of Business		Mo.___ Yr.___	$_____
Title			Ending Mo.___ Yr.___	$_____
Duties		Reasons	for leaving	

Name of Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed From: To:	Pay Starting
Telephone Area Code ( )	Nature of Business		Mo.___ Yr.___	$_____
Title			Ending Mo.___ yr.___	$_____
Duties		Reasons	for leaving	

Name of Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed From: To:	Pay Starting
Telephone Area Code ( )	Nature of Business		Mo.___ Yr.___	$_____
Title			Ending Mo.___ yr.___	$_____
Duties		Reasons	for leaving	

If you worked in any of your previous positions under another name, please give that name for reference checking purposes:

Name @ Company Name

If you have additional information / comments concerning your interest in working for TCS which would help in determining your suitability for employment with us, please use the space below or continue on a separate sheet

REFERENCES:

Give three references who are not relatives or former employers.

Name	Address	Phone	Occupation

In Case of Emergency Notify: _____

_____

Name Address Phone Number

Employment at **TEXOMA CHRISTIAN SCHOOL** is open to qualified individuals who are Christians of good character. Texoma Christian School does not discriminate in employment, or in the terms or conditions of employment, on the basis of race, sex, national or ethnic origin, color, age or disability. Texoma Christian School is a religious educational ministry, and as such, utilizes religion as an employment criteria. All prospective and current employees must agree with Texoma Christian School's mission statement, and they must be willing to conduct their lives in conformity with the school's statement of faith and the school's declaration and agreement to ethical and moral integrity, serving as a Christian role model.

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a position with Texoma Christian Schools. I authorize Texoma Christian Schools to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by Texoma Christian Schools such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to Texoma Christian Schools.

I further certify that I have carefully read and do understand the above statements.

_____
Applicant's Name (Print)

_____
Applicant's Signature

_____
Date

VERIFYI

Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender ❑ Male ❑ Female	**Race** ❑ African American ❑ American Indian ❑ Anglo ❑ Asian ❑ Hispanic ❑ Other		

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____ Parent/Guardian's Signature (if under 18 years of age) _____