

 \Box Other

Christian Institute of Arts & Sciences

2007 North 61st Avenue Pensacola, FL 32506 www.christianinstitute.com

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_City__

EMPLOYEE APPLICATION

PERSONAL INFORMATION:			
Name:			
Address:	City:	State:	Zip:
Telephone: S	Social Security #:		
In case of emergency, contact:	at		
Are you employed now? 🛛 Yes 🛛 🗋 No	If yes, then where?		
Have you previously worked as a teacher or the	utor? \Box Yes \Box No If yes, where d	id you work?	
How did you learn about CIAS?			
What position are you applying for? Teacher, Primary School Teacher, Mid Assistant Teacher, Middle/High School Custodial or Maintenance			e
Subjects(s) of Specialty: □ Math □ English □ Art □ Music □ Fe	oreign Languages 🛛 Reading 🗖 Of	her	
Desired pay scale: Date avai Days of the week available: Date avai Hours per day available: Morning	ay 🛛 Tuesday 🗖 Wednesd	day	☐ Friday
EDUCATION:			
Home School:	Lo	cation	
Elementary School:	Lo	cation	
Middle School:	Lo	cation	
High School:	Lo	cation	
Associates Degree in	College:		City
□ Bachelor's degree in	College:		City
□ Master's degree in	College:		City
□ Other	School:		City

_____School:____

EMPLOYMENT: List your last 4 employers, starting with most recent. Supplemental resume may be attached.

Employment 1			
Company:		Address:	
Job Title:		Supervisor's Name:	
Duties:			
From	to	Salary Rate:	
Telephone: ()	E-mail	
Reason for leaving:			
Employment 2			
Company:		Address:	
Job Title:		Supervisor's Name:	
Duties:			
From	to	Salary Rate:	
Telephone: ()	E-mail	
Reason for leaving:			
Employment 3			
Company:		Address:	
Job Title:		Supervisor's Name:	
Duties:			
From	to	Salary Rate:	
Telephone: ()	E-mail	
Reason for leaving:			
Employment 4			
Company:		Address:	
Job Title:		Supervisor's Name:	
Duties:			
From	to	Salary Rate:	
Telephone: ()	E-mail	
Reason for leaving:			
Reason for leaving:			

DESCRIBE YOURSELF:

Please list any skills or certifications that you currently hold:

Please describe any experience or qualifications other than those previously indicated.

REFERENCES: (Must have 1 personal and 1 professional reference)

Professional Personal		Professional Per	□ Professional □ Personal		
Name of Company		Name of Company			
Person's Name		Person's Name			
Address					
City	State	City	State		
E-mail		E-mail			
Telephone		Telephone			

CERTIFICATION & AKNOWLEDGMENT

I hereby authorize CIAS Administration to verify all information in this application and any supplement included. I consent to representatives of CIAS contacting any of my former employers, conducting a background search/investigation, as well as contacting any of the educational institutions that I have attended for information regarding my application. I further understand that any false statement made by me on this application shall be grounds for termination of my employment by CIAS or rejection of my application.

I have read, understood, and am in agreement with the Statement of Faith and Missions Statement as well as the CIAS Code of Professional Behavior and Standards of Ethical Conduct. I understand that if employed by CIAS, I am expected to adhere to the standards of conduct and leadership contained in the Personnel Manual. I have read, understood, and agree with the above certification and acknowledgment:

Applicant's Signature:	Date:	
Witness:	Date:	

Equal Employment Opportunity Policy:

CIAS provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, sex, national origin, age, disability, or genetics.