

Crown Point Christian School

Application Form - General



Date				
Personal Information				
Name		Home phone	Cell phone	
Address		Email		
City		State	Zip	
Education				
School or Institution Name & Address	Years Attended	Degree (Hour and course of study)	Major	Minor
Professional Experience				
Please include all work experience during the past five years and attach a resume which lists your roles and responsibilities.				
Employer Name and Address	Supervisor Name	Job Title	Dates Employed	Reason for leaving
References				
Name		Address		City, State, Zip
Phone		Email		Known how long? In what capacity?
Name		Address		City, State, Zip
Phone		Email		Known how long? In what capacity?
Name		Address		City, State, Zip
Phone		Email		Known how long? In what capacity?
Name		Address		City, State, Zip
Phone		Email		Known how long? In what capacity?

General	
General state of health	Days absent due to illness in last year
Are there any physical limitations or health matters that might limit your work effectiveness and/or your work ability?	
Are you an active member of a church?	Church name?
Crown Point Christian School Board Policy requires performing a felony background check. Do you give permission for this check? Yes _____ No _____	

Applications and resumes can be

emailed to: recruiting@crownpoinchristian.org

mailed to: Crown Point Christian School
10550 Park Place
St. John, IN 46373

I certify that the information provided in this application is accurate and true.

Applicant's signature

Date