

# Crown Point Christian School

## Application Form - General



Date
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### 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?

<b>General</b>	
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](mailto: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