

Position Desired _____

Date of Application _____



APPLICATION FOR EMPLOYMENT

Northland Christian School

4363 Sylvanfield
Houston, TX 77014-1620
(281) 440-1060, Fax (281) 440-7572
www.northlandchristian.org

PERSONAL DATA

Name: _____ SSN: _____
(Last) (First) (Middle)

Street Address: _____ City: _____ State: _____ Zip: _____

Male Female Race (Optional): _____ Telephone: () _____

Place of Birth: _____ Date of Birth: _____
(City) (State) (Month/Day)

Church Affiliation: _____ Congregation: _____

Grade/Subject you prefer to teach: _____
(1st Choice)

(2nd Choice)

Are you a certified teacher: Yes No _____
(State(s) of Certification)

CERTIFICATION INFORMATION

STATE OF CERTIFICATION	CERTIFICATE TYPE	CERTIFICATE NUMBER	AREA(S) OF CERTIFICATION	
			1)	2)
			3)	4)
			1)	2)
			3)	4)

RECORD OF TEACHING EXPERIENCE

SCHOOL DISTRICT	SCHOOL	GRADE(S) TAUGHT	# YEAR(S) TAUGHT
TOTAL YEARS TAUGHT			

COLLEGES OR UNIVERSITIES ATTENDED

COLLEGE OR UNIVERSITY	YEARS ATTENDED	DEGREE EARNED

WORK EXPERIENCE OTHER THAN TEACHING

EMPLOYER	OCCUPATION	LOCATION/CITY	DATES EMPLOYED

CO-CURRICULAR ACTIVITY EXPERIENCE (or Interest)

ACTIVITY/SPORT	DESCRIPTION OF YOUR INVOLVEMENT	# YEARS INVOLVED

PROFESSIONAL REFERENCES

NAME	WORK TELEPHONE	HOME TELEPHONE	RELATIONSHIP

Employment Background Check Form

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____