

## Hanford Christian School

11948 Flint Avenue Hanford, CA 93230 Phone: (559) 584-9207 Fax: (559) 582-2602

## **Employment Application**

## **Position Desired**

|  |                 |              | 1 OSITION DESITED         | <u> </u>   |                  |            |              |  |
|--|-----------------|--------------|---------------------------|------------|------------------|------------|--------------|--|
| Custodial  | Maintena        | ance Se      | ecretary A                | side       | Other            | Bus Driver |              |  |
|  |                 | <u>Pe</u>    | rsonal Informat           | <u>ion</u> |                  |            |              |  |
| Name:  |                 |              |                           |            |                  |            |              |  |
| Address:   |                 |              |                           |            |                  |            |              |  |
| City:  |                 |              | State:                    | _ Zip Co   | ode:             |            |              |  |
| Home phone: _  |                 |              | Cell pho                  | ne:        |                  |            |              |  |
| Email:   |                 |              |                           |            |                  |            |              |  |
| Birth Date:  |                 | Sex:         | _ Church Affil            | iation: _  |                  |            |              |  |
| Marital Status:  |                 | Racial/      | Racial/Ethnic Background: |            |                  |            |              |  |
| Are you availab  | le for immediat | te employmer | nt? If not, w             | hen wou    | ld you be availa | able?      | <del> </del> |  |
| can vouch for your can vouch for | our character a | nd ability.  | ree local referen         |            |                  |            |              |  |
|  |                 |              | ducational Reco           |            |                  |            |              |  |
| Name of School   | City            | State        | Highest Grade Com         | pleted     | Did You Graduate | Major      |              |  |
|  |                 |              |                           |            |                  |            |              |  |
|  |                 |              |                           |            |                  |            |              |  |
|  |                 |              |                           |            |                  |            |              |  |

## **Employment Record**

| From Date                    | To Date                       | Employer's Name, Address,<br>and Phone Number<br>(Most Recent Employer First)                       | Position Title and major duties | Salary or Wages               |
|------------------------------|-------------------------------|---|---------------------------------|-------------------------------|
|                              |                               |   |                                 |                               |
|                              |                               |   |                                 |                               |
|                              |                               |   |                                 |                               |
|                              |                               |   |                                 |                               |
|                              |                               |   |                                 |                               |
| List any sp                  | ecial qualific                | cations to fill the position for  | which you apply.                |                               |
|                              |                               |   |                                 |                               |
|                              |                               | Raakaraund Ch   | eck Information                 |                               |
| Describe fu                  | ılly any nhys                 | ical defect or ailment which  | <u> </u>                        | og efficiency:                |
| Describe ru                  | my any pnys                   | real defect of annient which  | may impan your working          | g efficiency.                 |
|                              |                               |   |                                 |                               |
| -                            |                               | victed of or are awaiting tria  | •                               | • •                           |
|                              |                               | llegation of drug or alcohol im   |                                 |                               |
| -                            |                               | missed (fired) from any job, o<br>an investigation of your beha                                     | -                               |                               |
| licensing, c                 | ertification o                | estigated for any alleged miso<br>or other regulatory body (tea<br>? Yes No                         | e ·                             |                               |
| If any of th                 | e above 4 ba                  | ckground statements have b  | een answered "Yes", ple         | ase explain.                  |
| •                            |                               | not an automatic bar to emplo<br>p between the offense and the                                      | •                               |                               |
|                              |                               |   |                                 |                               |
| application<br>to obtain int | may be cause<br>formation rec | ts made hereon are true and co<br>e for non-employment or dismi<br>juired by this application. I he | ssal, if employed. I hereb      | y authorize any investigation |
|                              | hing such info                |   |                                 |                               |
| Date:                        |                               | Signature:  |                                 |                               |