



# CHRISTIAN ACADEMY OF WESTERN NEW YORK

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ Do you have the legal right to work in the United States? \_\_\_\_\_

Has anyone ever brought or discussed bringing a civil or criminal claim against you alleging physical or sexual abuse? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

What prompted you to seek employment at the Christian Academy of Western New York? \_\_\_\_\_

Briefly describe why you feel you could be an asset to CAWNY? \_\_\_\_\_

What do you consider to be the single most important event in your life? \_\_\_\_\_

What do you consider to be the second most important event in your life? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

### College or Technical Training:

Degree Held: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

Majors and Number of Hours: \_\_\_\_\_

Minors and Number of Hours: \_\_\_\_\_

Degree Held: \_\_\_\_\_

**College or Technical Training continued:**

School Name and Address: \_\_\_\_\_

Majors and Number of Hours: \_\_\_\_\_

Minors and Number of Hours: \_\_\_\_\_

Degree Held: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

Majors and Number of Hours: \_\_\_\_\_

Minors and Number of Hours: \_\_\_\_\_

Degree Held: \_\_\_\_\_

**Licensures/Certifications**

Do you hold or anticipate a New York State teaching certificate? \_\_\_\_\_, If "yes," please complete:

| Type | Certificate Number | Expiration Date | Status |
|------|--------------------|-----------------|--------|
|      |                    |                 |        |
|      |                    |                 |        |

Please list any other endorsements and/or verifications on your Certificate(s): \_\_\_\_\_

Do you hold a current out-of-state certificate or any other certifications/endorsements such as from the Association of Christian Schools International (ACSI), the Association of Classical Christian Schools (ACCS), or Christian Teacher Training Association (CTTA)? \_\_\_\_\_, If "yes," please complete:

| State/Organization | Type | Certificate Number | Expiration Date | Current? |
|--------------------|------|--------------------|-----------------|----------|
|                    |      |                    |                 |          |
|                    |      |                    |                 |          |

**Work Preference**

What type of work do you prefer? \_\_\_\_\_

What would be your second choice? \_\_\_\_\_

Please list any other job skills which you possess: \_\_\_\_\_

## Work Experience

If presently employed, may we contact your employer? \_\_\_\_\_

List all employers you have had during the last five years, starting with present or most recent employer:

1. \_\_\_\_\_  
(Name) (Supervisor)  
\_\_\_\_\_  
(Address) (City) (State and Zip)  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
If a teaching position, list subjects taught: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_  
(Name) (Supervisor)  
\_\_\_\_\_  
(Address) (City) (State and Zip)  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
If a teaching position, list subjects taught: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### Work Experience continued:

3. \_\_\_\_\_  
(Name) (Supervisor)  
\_\_\_\_\_  
(Address) (City) (State and Zip)  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_  
If a teaching position, list subjects taught: \_\_\_\_\_  
Employed from: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

## References

Present Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Name and Address of church: \_\_\_\_\_

If you have attended your present church for more than one year, give the name of your previous pastor and church:

Previous Pastor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Name and Address of church: \_\_\_\_\_

List below three persons who are well acquainted with you, not including relatives, former teachers or employers:

1. \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City) (State and Zip)

2. \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City) (State and Zip)

3. \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City) (State and Zip)

The facts set forth on all four pages of my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the Academy in any way if the Academy decides to employ me. I understand that my employment is on an at-will basis.

I authorize you to make such investigations and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_