

Position Desired \_\_\_\_\_

Date of Application \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT



**Champions Christian Academy**  
702 Holly Street • Atlanta, TX 75551-2308  
P.O. Box 777 • Atlanta, TX 75551-0777  
(903) 796-1805 • Fax (903) 796-4350  
www.championsacademy.info

## 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: \_\_\_\_\_

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
<b>TOTAL YEARS TAUGHT</b>			

**COLLEGES OR UNIVERSITIES ATTENDED**

<b>COLLEGE OR UNIVERSITY</b>	<b>YEARS ATTENDED</b>	<b>DEGREE EARNED</b>

**WORK EXPERIENCE OTHER THAN TEACHING**

<b>EMPLOYER</b>	<b>OCCUPATION</b>	<b>LOCATION/CITY</b>	<b>DATES EMPLOYED</b>

**CO-CURRICULAR ACTIVITY EXPERIENCE (or Interest)**

<b>ACTIVITY/SPORT</b>	<b>DESCRIPTION OF YOUR INVOLVEMENT</b>	<b># YEARS INVOLVED</b>

**PROFESSIONAL REFERENCES**

<b>NAME</b>	<b>WORK TELEPHONE</b>	<b>HOME TELEPHONE</b>	<b>RELATIONSHIP</b>





# 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 \_\_\_\_\_