



CALVARY ORLANDO CHRISTIAN ACADEMY

P.O Box 1972 Windermere, FL 34786 Office (954) 552-0977

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national, marital status, height, weight, veteran status, disability, or any other category protected by law.

Please be advised that your application will go into our inactive file 6 months from the date of application, if you are not hired. If you desire to keep your application active after 6 months, please notify us in writing, prior to the expiration of the 6 month period, that you would like to remain on the active applicant list. If you do not do so before expiration of the 6-month period, you will be taken off the active applicant list and you will not be considered for employment when vacancy occurs, unless you submit an entirely new application.

Date: ____/____/____ Daytime phone: (____)____-____ Evening Phone: (____)____-____
(Area code) (Area code)

Full Name: _____
(Please Print Clearly) (first) (Maiden Name, IF any)(Last)

Present Address: _____
(Number) (Street) (City) (State)(Zip Code)

Previous Address: _____
(Number) (Street) (City) (State) (Zip Code)

Email address (if applicable): _____

Position Desired: _____ Wage Desired: _____
(please Be Specific)

Do you have current and unrestricted authorization to work in the United States? _____

When can you begin work? _____ How many hours per week can you work _____

List any dates/times you are not available (School, other job, church, volunteer activities etc)
to work:

Address

Supervisor Name/Phone: _____

Have you ever been convicted of a crime or arrested for a felony? Yes: _____ No: _____ If Yes please provide date _____

Can you perform the essential functions of the job for which you have applied with or without reasonable accommodation? Yes: _____ No: _____ If no, please explain: _____

Do you have any hobbies that have a direct bearing on the job you are seeking? Yes: _____

No: _____ If yes, please explain: _____

Calvary Orlando Christian Academy, inc. (6/28/23)

EDUCATION:

	Name of School	City. State	Course Study	Graduate?
Grammar				
Higt School				
College				
Other				

PREVIOUS EMPLOYMENT:

- ❖ Please identify all employers (include complete mailing address: street number, name, city, State, Zip code, etc) for the past 10 years or since leaving school. Whichever period is longer. Attach additional sheet(s) if necessary .
- ❖ Please indicate either: (f) Full-time (P) Part-time (V) Volunteer
- ❖ Please account for all periods of unemployment for two weeks or longer.

LAST Employer: _____ Phone:(_____) _____ - _____

Address: _____ Supervisor Name/Phone: _____

Position Held: From / ___/___ To: / ___/___ Salary: _____ Reason(s) for leaving:

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason (s)

SECOND. Last Employer: _____ Phone: (____) _____ - _____

Address: _____ Supervisor Name/Phone: _____

Position Held: Fom: / ___/___ To: / ___/___ Salary: _____ Reason(s) for Leaving

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason (s)

THIRD. Last Employer _____ Phone: (____) _____ - _____

Address: _____ Supervisor Name/Phone: _____

Position Held: From: / ___/___ To: / ___/___ Salary: _____ Reason (s) For leaving:

Any gaps in employment and/or unemployment must be explained. Include dates (month/year) and reason (s)

(FOR PREVIOUS EMPLOYERS WITHIN THE PAST TEN YEARS, ATTACH ADDITIONAL SHEETS IF NECESSARY)

Calvary Orlando Christian Academy, Inc. (6/28/23)

Have you ever been terminated from a prior job, regardless of how long ago? Yes: ____ No ____ If

Yes, please provide name of employer:

Reason for termination:

REFERENCES:

Name	Address	Phons	Years Acquainted	Occupation
(1)				
(2)				
(3)				

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date _____

NAME

DATE

HEAD OF SCHOOL

DATE