



**Monroe County Christian School
APPLICATION FOR EMPLOYMENT**

Date of application _____ Position applied for _____

Name of applicant _____

Mr./Mrs./Ms. First Middle Last

Current Address _____

Number/Street City/State/Zip code

Phone Number _____ Birth Date _____

Email address _____

Married: Single: Name of spouse: _____

Children: _____ Names of children: _____

ACADEMIC BACKGROUND

High School:

Name	City	Date of Graduation
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College:

Name	City	Degree Earned
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WORK EXPERIENCE

Employer	Address	Type of work	Dates
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PERSONAL REFERENCES (excludes relatives) List three.

Name

Address

Phone

CHURCH YOU ATTEND

Name

Address

Phone

Name of Pastor(s): _____

Briefly provide some insight into who you are and why you are applying for employment at Monroe County Christian School:

I hereby declare that the information given here is true, correct and complete to the best of my knowledge and belief.

Signature of

Applicant _____ Date _____