

Living Word Christian School

Application for Employment

As an Equal Opportunity Employer, no person, on the grounds of gender, race, color, national or ethnic origin, is excluded or otherwise subjected to receiving services at LWCS; nor does LWCS hire or assign staff on the basis of gender, race, color, national or ethnic origin.

Personal Information

Name _____ Date _____

Last

First

Middle

Present Address _____

Street/P.O. Box

City

State

Zip

Phone: () _____ E-mail Address _____

Church Membership _____ Denomination _____

Address: _____ Church Phone: () _____

Pastor's Name _____ How long attended? _____

For what reason do you desire to become a part of this educational ministry at Living Word Christian School?

Please give a brief statement of your Christian testimony.

Have you ever been convicted of, or entered a plea of guilty, no contest, or adjudication withheld, to a felony or misdemeanor other than a parking or minor traffic violation? Yes No If yes, please describe. (*Existence of a criminal record does not constitute an automatic bar to employment. All relevant facts and circumstances will be appropriately considered.*)

2900 North Tamiami Trail ♦ North Fort Myers, Florida 33903
(239) 997-7702 ♦ FAX (239) 997-7719 ♦ E-mail LWCS@LWMNFM.org

Position Applying For

Administrative High School Middle School Elementary Other

Description of grade level and/or position desired

Will you make a commitment for this school year? _____

Professional Data

Institutions from which you received a degree or have attended:

Secondary (High School)

School _____ Dates Attended _____ Degree _____

Address _____ City _____ State _____ Zip _____

College/University

School _____ Dates Attended _____ Degree _____

Address _____ City _____ State _____ Zip _____

Major _____ Minor _____ Degree _____

College/University

School _____ Dates Attended _____ Degree _____

Address _____ City _____ State _____ Zip _____

Major _____ Minor _____ Degree _____

Please list any additional schooling/training (CDL License, First Aid, CPR, etc.) _____

Employment History

Previous Employers

1. School or Business Name

Address _____ City _____ State _____ Zip _____

Brief Job Description

Supervisor _____ Phone: () _____

Employment Dates: From: _____ To: _____

Reason for Leaving:

2. School or Business Name

Address _____ City _____ State _____ Zip _____

Brief Job Description

Supervisor _____ Phone: () _____

Employment Dates: From: _____ To: _____

Reason for Leaving:

3. School or Business Name

School or Business Name

Address _____ City _____ State _____ Zip _____

Brief Job Description

Supervisor _____ Phone: () _____

Employment Dates: From: _____ To: _____

Reason for Leaving:

4. School or Business Name

School or Business Name

Address _____ City _____ State _____ Zip _____

Brief Job Description

Supervisor _____ Phone: () _____

Employment Dates: From: _____ To: _____

Reason for Leaving:

Reference Information

Applicant References (Must be included to validate this application):

1. Name:

Address: _____ Phone: () _____

Relationship to Applicant:

2. Name:

Address: _____ Phone: ()

Relationship to Applicant:

3. Name:

Address: _____ Phone: ()

Relationship to Applicant:

Is there any past history not covered in this application that might have a bearing on our decision? Yes No
If yes, please explain.

I understand that all offers of employment are contingent upon successful completion of a background investigation. I authorize LWCS, its agents, and/or vendors to contact any person or entity for the purpose of confirming the information contained therein and/or obtaining other information, which may be material to my qualifications for employment. I also hereby release LWCS, its agents, and/or vendors and any person or entity, which provided information, from any and all liability based upon the provision of that information.

If employed, I agree to conform to the rules and regulations of LWCS set forth in the Employee Handbook.

I also understand that if employed, LWCS or I will be free to terminate employment at any time, with or without cause, unless such termination is controlled by a written contract of employment providing differently.

I understand and agree to employment based upon student enrollment for the current school year.

I state that I have truthfully filled out the Affidavit of Good Moral Character.

Signature _____ Date _____

Documents and procedures to accompany this application:

- Copy of drivers license
- Signed and notarized Affidavit of Good Moral Character
- Signed and completed W-4
- Arrange appointment through school for livescan fingerprinting appointment

*May the God who gives endurance and encouragement give you a spirit of unity among yourselves as you follow Christ Jesus.
Romans 15:5*