

# 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?

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Please give a brief statement of your Christian testimony.

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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.)*

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**2900 North Tamiami Trail ♦ North Fort Myers, Florida 33903**  
**(239) 997-7702 ♦ FAX (239) 997-7719 ♦ E-mail [lwcstigerstrong@gmail.com](mailto:lwcstigerstrong@gmail.com)**

## Position Applying For

Administrative  High School  Middle School  Elementary  Other

Description of grade level and/or position desired

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Will you make a commitment for this school year? \_\_\_\_\_

## Professional Data for Teaching Positions

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.) \_\_\_\_\_

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## Employment History

### Previous Employers

1. School or Business Name

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brief Job Description

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Supervisor \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving:

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2. School or Business Name

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brief Job Description \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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3. School or Business Name

School or Business Name

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brief Job Description \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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4. School or Business Name

School or Business Name

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Brief Job Description \_\_\_\_\_

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Supervisor \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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<b>Reference Information</b>
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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
- 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*