

Boutte Christian Academy Elementary
13271 Hwy 90
Boutte, LA 70039
(985) 785-2447

APPLICATION FOR EMPLOYMENT

Name: _____ Date of Application: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Social Security Number: _____ Email Address: _____

Are you a born again Christian? _____ Name of church you attend: _____

Position applying for: _____

EDUCATION

High School Attended: _____
School Address Dates Grades Completed

Educational Institutions above high school attended:

School Field of Study Dates Degree/Credential Earned

School Field of Study Dates Degree/Credential Earned

School Field of Study Dates Degree/Credential Earned

Major _____ Minor _____ Certified _____ Certificate Type _____

EXPERIENCE

Total years of teaching experience. _____

Employer Name Address Job Description Grade Level From/To Reason for Leaving

REFERENCES

List three people, including the Pastor of your church, who are qualified to speak of your background, Christian life, training and experience. (Do not include family members)

| Name | Mailing Address | Position | Phone Number |
|------|-----------------|----------|--------------|
|------|-----------------|----------|--------------|

| Name | Mailing Address | Position | Phone Number |
|------|-----------------|----------|--------------|
|------|-----------------|----------|--------------|

| Pastor's Name | Mailing Address | Position | Phone Number |
|---------------|-----------------|----------|--------------|
|---------------|-----------------|----------|--------------|

PERSONAL DATA

1. Have you ever been convicted of a crime? Yes _____ No _____ When? _____
Why? _____ Outcome? _____

2. What special skills and abilities do you feel you can bring to our program?

3. What are your hobbies?

EMERGENCY INFO

In case of emergency, contact:

| Name | Relationship | Phone # | Address |
|------|--------------|---------|---------|
|------|--------------|---------|---------|

| Name | Relationship | Phone # | Address |
|------|--------------|---------|---------|
|------|--------------|---------|---------|

Emergency medical information (allergies, medication, etc)

To the best of my knowledge all statements herein are true and accurate.

Signed _____

Date _____