



# Stillwater Christian School

112 E. Richmond Road

Stillwater, OK 74075

(405) 377-3748

Administrator: Mrs. Anita Hauf

## NON-INSTRUCTIONAL EMPLOYMENT APPLICATION

Please complete this form and return it to the school. All information will be held in confidence.

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First MI

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

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Email \_\_\_\_\_

Have you accepted Christ? Yes \_\_\_ No \_\_\_ Are you a member of a church? Yes \_\_\_ No \_\_\_

What Church? \_\_\_\_\_

For how long? \_\_\_\_\_ Minister's Name \_\_\_\_\_

Are you over the age of 18? Yes \_\_\_ No \_\_\_ Your general state of health \_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Position applied for: \_\_\_\_\_ Date available to start \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

### Qualifications:

Academic achievement: (schools attended, degrees earned, dates of completion)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Continuing education completed: (courses taken, dates of completion)

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\_\_\_\_\_

\_\_\_\_\_

Professional organizations: (list any in which you have membership)

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First aid training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

CPR training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

Can you submit verification of your legal right to work in the US? Yes \_\_\_ No \_\_\_

**Previous Work Experience:** Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

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**Previous Volunteer Experience:** Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

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**References:** Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least years.

1. Name: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Length of time you have known reference: \_\_\_\_\_