



"An Independent Christian School Ministry Serving the Cape Fear Region"  
1422 Ireland Drive  
Fayetteville, NC 28304  
(910) 483-3905 Fax (910) 483-6966  
Website - www.fayettevillechristian.com

## Employment Application Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

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

Phone: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow \_\_\_\_\_ Divorced \_\_\_\_\_

Dependents: Children & Ages: \_\_\_\_\_  
\_\_\_\_\_

Condition of Health: \_\_\_\_\_ Any Serious Illness: \_\_\_\_\_

Member of, or regularly attend what church? \_\_\_\_\_

Explain who you believe Jesus Christ is and when you became a Christian.

Educational Background:

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

How many years of full-time experience working with children do you have? \_\_\_\_\_

Work Experience

1. \_\_\_\_\_  
Employer Job Title Supervisor

\_\_\_\_\_  
Address Phone Number Reason for Leaving

2. \_\_\_\_\_  
Employer Job Title Supervisor

\_\_\_\_\_  
Address Phone Number Reason for Leaving

3. \_\_\_\_\_  
Employer Job Title Supervisor

\_\_\_\_\_  
Address Phone Number Reason for Leaving

Please list two references that we may contact if necessary:

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

List any other areas of special interest, competence, or experience that you have. (Music, Athletics, Foreign Languages, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I testify the information provided on this application is true. Providing false information is grounds for dismissal. I agree to verification of previous employment and a criminal records check.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your cooperation and your interest in Fayetteville Christian School.*