



EMPLOYMENT APPLICATION

Lakewood Christian School
840 S. George Nigh Expressway
McAlester, Oklahoma 74501
(918) 426-2000

It is the policy of Lakewood Christian School to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, gender, national origin, age, disability or veteran status. We reserve the right to discriminate as to religious beliefs that are in opposition to those proclaimed by the Lakewood Christian School. We reserve the right to discriminate as to lifestyles that are contrary to Biblical doctrine as set forth by Lakewood Christian School

Applicant's Name: _____

Address: City: _____ State: _____ zip code: _____

Number of Years at This Address: _____ Social Security Number: _____

Daytime Phone: _____ Evening Phone: _____

Contact in case of an emergency:

Name: _____ Relationship to You: _____

Address: City: _____ State: _____ zip code: _____

Daytime Phone: _____ Evening Phone: _____

Position Applying For: _____ Salary Desired: \$ _____ per _____

Who referred you to Lakewood Christian School: _____

Have you applied to our school previously? Yes No If yes, when? _____

Driver's License Number: _____ State Issued: _____

Are you at least 18 years old? Yes No

Are you willing to work any shift, including nights and weekends? Yes No

If no, please state any limitations: _____

If you are offered employment, when would you be available to begin work? _____

Are you able to perform essential functions of the position without special accommodation? Yes No

Have you ever been convicted of any crime, including traffic violations? Yes No

If yes, describe: _____

NOTE: The existence of a criminal record does not constitute an automatic bar of employment unless it is relevant to the type of employment sought.

Are you willing to undergo fingerprinting and drug screening? Yes No

EMPLOYMENT HISTORY:

List your dates of employment, most recent employment first.

Employer Name: _____ Dates: _____

Address: City: _____ State: _____ zip code: _____

Job Duties: _____

Reason for Leaving: _____

Employer Name: _____ Dates: _____

Address: City: _____ State: _____ zip code: _____

Job Duties: _____

Reason for Leaving: _____

Employer Name: _____ Dates: _____

Address: City: _____ State: _____ zip code: _____

Job Duties: _____

Reason for Leaving: _____

EDUCATION AND TRAINING

High School Name: _____

Address: City: _____ State: _____ zip code: _____

Last Grade: 9 10 11 12 Diploma: Yes No

College Name and Address: _____

Did you earn a degree? Yes No If yes, provide degree information. _____

Other Training: Graduate, Technical, Vocational _____

Awards, Honors, Special Achievements: _____

SKILLS:

Check the skills below that apply. Enter the number of years' experience, and check the number which corresponds to your ability for each particular skill. The number, one, represents poor ability; while the number, five, represents exceptional ability

—	—	Word Processing:	Experience: _____	Skill Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
—	—	Accounting/Bookkeeping:	Experience: _____	Skill Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
—	—	Filing:	Experience: _____	Skill Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
—	—	Working with Children:	Experience: _____	Skill Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
—	—	Musical (Specify skill.)	Experience: _____	Skill Level:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

List any other applicable skills: _____

REFERENCES: List any two people who would be willing to provide a reference for you.

Name: _____ Relationship: _____

Address: City: _____ State: _____ zip code: _____

Telephone: _____

Name: _____ Relationship: _____

Address: City: _____ State: _____ zip code: _____

Telephone: _____

Please, provide any other information you believe should be considered:

Please, write a brief description of your salvation experience:

21. Where do you attend church? _____ How often do you attend? _____

22. In which church activities are you involved?

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Lakewood Christian School to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Principal, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Lakewood Christian School, except in a specific written contract of employment signed on behalf of the organization by its Principal, has the power to alter or vary the voluntary nature of the employment relationship.

I UNDERSTAND THAT I MUST SUBMIT A LETTER OF RECOMMENDATION FROM MY PASTOR BEFORE BEING CONSIDERED FOR EMPLOYMENT. I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT'S SIGNATURE

DATE