SUPPORT STAFF
APPLICATION FOR EMPLOYMENT

WEST HILLS CHRISTIAN SCHOOL
7945 S.W. Capitol Hill Road
Portland, OR. 97219

Phone: (503) 245-6688 Fax: (503) 245-4780

PERSONAL INFORMATION

FULL NAME_____
First Middle Last

ADDRESS_____TELEPHONE( )_____
Street

_____SOC. SEC. NUMBER_____
City State Zip

CHRISTIAN EXPERIENCE

Have you accepted Jesus Christ as your personal Savior and Lord? ___ When? _____

Church affiliation _____ Where? _____ Member? _____

Are you willing to work harmoniously with members of other denominations? _____

Do you believe the Bible to be the inspired and infallible Word of God, our final authority in all matters of faith and conduct? _____

Have you reviewed out Statement of Faith and Purpose? _____

Give your own definition of a Christian (use an additional sheet, if necessary):

REFERENCES

Please list four references, including administrators for whom you have worked, which have first-hand knowledge of your ability, character, personality and scholarship.

Name	Address	Association	Phone

PREVIOUS WORK EXPERIENCE/ NON-TEACHING/MILITARY

PREVIOUS WORK EXPERIENCE A. Company Name B. Street C. City, State Zip Code	EMPLOYED FROM / TO (Month / year)	POSITION DUTIES Supervisor's name and phone number
A. B. C.		
A. B. C.		
A. B. C.		

EDUCATIONAL BACKGROUND

HIGH SCHOOL LAST ATTENDED

Name of School	City	State	From Mo./Yr.	To Mo./Yr.	Graduation Date

UNDERGRADUATE OR GRADUATE SCHOOL

Name of College	City	State	From Mo./Yr.	To Mo./Yr.	Degree	Major	Minor

SIGNATURE/AUTHORIZATION AGREEMENT

PLEASE READ CAREFULLY:

I hereby certify that the facts set forth in the foregoing employment application are true and complete to the best of my knowledge, and that I am at least 18 years of age. I understand, if I am employed that falsified, incomplete, or misleading statements on this application may result my dismissal.

_____ _____

Signature of Applicant Date

REFERENCE CHECKING AUTHORITY

In signing my name below, I authorize West Hills Christian School to contact my former employers, and references I have listed on the application, or any other persons whom West Hills Christian Schools determines would assist in validating my capabilities as an employee or verifying any information I have provided on this application. I authorize those persons to provide information for the purpose. I release those other persons from any liability for responding to West Hills Christian Schools' request.

_____ _____ _____

Name (Please Print) Social Security Number Date

_____

Signature