



# Application for Non-Teaching Position

Regular       Substitute

Name:

LAST

FIRST

MIDDLE

MAIDEN

Present Address:

STREET

CITY

STATE

ZIP

PHONE

Permanent Address:

STREET

CITY

STATE

ZIP

PHONE

## Type of Work Desired

- Regular
- Substitute
- Buildings and Grounds
- Teacher Aide
- School Nurse
- Transportation
- Administrative
- Other \_\_\_\_\_

*Return this Application to:*

Northstar Christian Academy  
332 Spencerport Road  
Rochester, New York 14606

LAST NAME

MIDDLE OR MAIDEN NAME

FIRST NAME

POSITION(S)

# Personal Data

Northstar Christian Academy does not discriminate on the basis of race, color, nationality, or ethnic origin in any of its policies.

Social Security No.: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Are you an active member of the N.Y.S. Retirement System?  No  Yes Number: \_\_\_\_\_

In case of an emergency, Notify:

NAME	ADDRESS	PHONE
Names of relatives in our employ:		
NAME	RELATIONSHIP	POSITION
NAME	RELATIONSHIP	POSITION

Have you ever been refused bond?  No  Yes Explanation: \_\_\_\_\_

Have you ever been arrested or arraigned in court?  No  Yes Explanation: \_\_\_\_\_

Have you ever had a wage attachment or garnishment?  No  Yes Explanation: \_\_\_\_\_

## U. S. Military and Organizational Status

Veteran  Non-Veteran  National Guard  Reserves  Exempt Fireman

Present Draft Status:	Period of Active Duty:
Branch of Service:	Type of Duty:
Highest Rank:	Type of Discharge:

Are you a member of a veteran's organization?  No  Yes Name: \_\_\_\_\_

Are you a member of a fireman's organization?  No  Yes Name: \_\_\_\_\_

## Physical and Health History

What is the general condition of your health? \_\_\_\_\_

Do you have any speech or hearing defects?  No  Yes  
Explanation: \_\_\_\_\_

Do you have any other limitations or physical defects?  No  Yes  
Explanation: \_\_\_\_\_

Have you ever been injured or hospitalized in the past five years?  No  Yes  
Explanation: \_\_\_\_\_

How much time have you been absent due to illness over the past two years?  
Explanation: \_\_\_\_\_

Are you a disabled Veteran?  No  Yes  
Explanation: \_\_\_\_\_

## History of Education

*Circle the highest grade completed:* Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

School Level	School Name and Address	Dates Attended From	To	Did You Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Diploma or Subject
Elementary				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Technical, Military, or other training				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

## History of Employment

*Account for all past employment – if necessary, use additional sheets*

Dates	Former Employer	Type of Business	Position Held	Rate of Pay
FROM:				
TO:				
REASON FOR LEAVING:				
FROM:				
TO:				
REASON FOR LEAVING:				
FROM:				
TO:				
REASON FOR LEAVING:				
FROM:				
TO:				
REASON FOR LEAVING:				
FROM:				
TO:				
REASON FOR LEAVING:				

Have you ever been released or denied reemployment?  No  Yes *Explanation:* \_\_\_\_\_

What is your salary requirement? \_\_\_\_\_

Have you ever worked for First Bible Baptist Church before?  No  Yes *Where:* \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ *Where:* \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you presently employed?  No  Yes *If not, how long since leaving last employment?* \_\_\_\_\_

## Position(s) Desired

Please complete the following questions in the appropriate areas.

### Secretarial, School Nurse, or Teacher Aide:

1. Position desired: (Indicate preference by 1, 2, 3, etc . . . )  
 Building Secretary     Cent. Office Secret.     Receptionist     Clerk / Typist     Account Clerk  
 Teacher Aide     School Nurse     Other: \_\_\_\_\_
2. Abilities: (Check all that are applicable)  
 Typing     Shorthand     Switchboard     Computers  
 Office Machines     Supervision of Children Groups
3. Working period desired:  
 fifty-two weeks     forty weeks     substitute  
Hours available:    From: \_\_\_\_\_ To: \_\_\_\_\_
4. Do you have school age children who would require your absence from work because of sickness?     No     Yes
5. Do you have children in Northstar Christian Academy?     No     Yes
6. Do you have reliable transportation?     No     Yes

### Cafeteria:

1. Position desired: (Indicate preference by 1, 2, 3, etc . . . )  
 Sch. Lunch Manager     Food Service Helper     Cook     Baker
2. Hours available:    From: \_\_\_\_\_ To: \_\_\_\_\_
3. Do you have school age children who would require your absence from work because of sickness?     No     Yes
4. Do you have reliable transportation?     No     Yes

### Buildings and Grounds:

1. Position desired: (Indicate preference by 1, 2, 3, etc . . . )  
 A.V. Mechanic     Carpenter     Cleaner     Custodian     Electrician  
 Groundskeeper     Laborer     General Mechanic     Plumber     Printer  
 Store Clerk     Other: \_\_\_\_\_
2. Working period desired:  
 eight hours     four hours     substitute  
Hours available:    From: \_\_\_\_\_ To: \_\_\_\_\_
3. Do you have an Operator's License?     No     Yes    Number: \_\_\_\_\_
4. Do you have a Chauffeur's License?     No     Yes    Number: \_\_\_\_\_
5. Have you ever attended an approved School Bus Driver Training Course?     No     Yes  
Explanation: \_\_\_\_\_
6. Certificates held:    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_    4. \_\_\_\_\_

### Administration:

1. Please specify the type of position desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I voluntarily give Northstar Christian Academy the right to investigate my past employment and all statements contained in this application.

I certify that the answers contained in this application are true and complete to the best of my ability. I am aware that any material and deliberate falsification of fact on any answer is grounds for immediate discharge. I further agree to take any physical examinations deemed necessary by Northstar Christian Academy.

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