



# LAKE NORMAN CHRISTIAN SCHOOL

## EMPLOYMENT APPLICATION

PLEASE COMPLETE THE ENTIRE APPLICATION

### EMPLOYEE INFORMATION

Employer: Lake Norman Christian School  
Address: PO Box 4267  
City/State/Zip: Davidson, NC 28036  
Phone: 704-987-9811

It is the policy of Lake Norman Christian School to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

### Applicant Information

Applicant Full Name

Home Address

City/State/Zip

Number of Years at this Address

Daytime Phone

Evening Phone

Mobile Phone

Social Security Number

Driver's License (State/#)

### Emergency Contact

Who should we contact if you are involved in an emergency?

Contact Full Name

Relationship to you

Address

City/State/Zip

Daytime Phone

Evening Phone

Mobile Phone

**Job Position Applied for : Substitute Teacher**

Who referred you to LKNC?

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Do you have any friends or relatives that work here? If yes, please list above.

Have you applied to LKNC previously?  Yes  No

If yes, when? \_\_\_\_\_

Are you at least 18 years old?  Yes  No

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

If no, please list limitations: \_\_\_\_\_

If you are offered employment, when would you be able to start? \_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States?  Yes  No

**Applicant Skills**

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Skill	Years of Experience	Ability or Rating
_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Skill	Years of Experience	Ability or Rating
_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Skill	Years of Experience	Ability or Rating

**Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Address (City/State/Zip) \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates of Employment (Month/Year) \_\_\_\_\_

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Employer Name

Supervisor Name

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Address (City/State/Zip)

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Job Duties

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Reason for Leaving

---

Dates of Employment (Month/Year)

---

Employer Name

Supervisor Name

---

Address (City/State/Zip)

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Job Duties

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Reason for Leaving

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Dates of Employment (Month/Year)

### Applicants Education and Training

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College University Name and Address

Did you receive a degree?  Yes  No

If yes, what degree(s)? \_\_\_\_\_

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High School/GED Name and Address

Did you receive a degree?  Yes  No

Other Training? \_\_\_\_\_  
(Graduate, Technical, Vocational)

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Please indicate any current professional licenses or certifications that you hold.

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Awards, Honors, Special Achievements

**References**

List any two non-relatives who would be willing to provide a reference for you.

Contact Full Name	Relationship to you
Address (City/State/Zip)	
Phone Number	

Contact Full Name	Relationship to you
Address (City/State/Zip)	
Phone Number	

**Other**

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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**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 Lake Norman Christian School to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely 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 Chairperson of the Board, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. 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 will have the right. Moreover, no agent, represent active, or employee of Lake Norman Christian School, except in a specific written contract of employment signed on behalf of the organization by its Chairperson of the Board, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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Applicant Signature

Date