## **Application for Employment**

## Lighthouse Christian Fellowship/Beacon Christian Academy 100 Beacon Drive, Kitty Hawk, NC 27949 ~ (252) 715-3235 ~ www.beaconobx.com

**Instructions:** To assist us in better understanding your qualifications and interests and to assure the fullest consideration, please provide all of the information requested on this application. Sign the application and return it to the office. **PLEASE PRINT OR TYPE ALL INFORMATION.** 

| Personal Information  |  |                         |                      |                             |  |  |  |  |
|---|--|-------------------------|----------------------|-----------------------------|--|--|--|--|
|   |  |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| Last Name   | First Name   | Middle Name             | Appli                | ication Date                |  |  |  |  |
| Are you 18 years of age or older? Yes   | Are you 18 years of age or older? Yes No Date of Birth |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| Address   |  | City                    | State                | Zip                         |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| Cell Phone  | Alternate Phone  |                         | Social Security      | Number                      |  |  |  |  |
| Nonce and in the leaf for   |  |                         |                      |                             |  |  |  |  |
| Names used in the last five years   |  |                         |                      |                             |  |  |  |  |
| Are you a United States Citizen or Al   | ien legally authorized to work                         | in the United States? Y | Yes No               |                             |  |  |  |  |
| <u></u>   | <del></del> -  |                         |                      |                             |  |  |  |  |
| N.C. Driver's License #   | J  | Email Address           |                      |                             |  |  |  |  |
| Position and Availability   |  |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| What position are you seeking?  | Full-  | time Part-time _        |                      |                             |  |  |  |  |
| What date could you start?  | How  | many hours a week would | you like to work?    |                             |  |  |  |  |
| What is your desired pay?   |  |                         |                      |                             |  |  |  |  |
| Are you able to perform the essential functions of the position you are applying for without reasonable accommodation? Yes No If no, please explain on separate sheet.  |  |                         |                      |                             |  |  |  |  |
| Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation, or are you now under charges for any criminal offense? Yes No If yes, please explain fully on a separate sheet. |  |                         |                      |                             |  |  |  |  |
| Have you ever had an abuse or neglect or child maltreatment substantiation? Yes No If yes, list county/state, date and explain fully. Use an  |  |                         |                      |                             |  |  |  |  |
| additional piece of paper if more space is needed:  |  |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| (The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)   |  |                         |                      |                             |  |  |  |  |
| Do alvarrare J  |  |                         |                      |                             |  |  |  |  |
| Background  Please provide the following information concerning your church attendance over the past five years:  |  |                         |                      |                             |  |  |  |  |
| •   |  | •                       | •                    |                             |  |  |  |  |
| Do you consider yourself to have a person us:   | al relationship with God? Yes                          | No Please share any i   | nfo about your relat | tionship with the Lord with |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| Current church  | Dates attended   | Address                 |                      | Phone                       |  |  |  |  |
|   | 2 aves accorded  | 11441 655               |                      | 1 110110                    |  |  |  |  |
| Previous church   |  |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |
| Dunaine shough  |  |                         |                      |                             |  |  |  |  |
| Previous church   |  |                         |                      |                             |  |  |  |  |
|   |  |                         |                      |                             |  |  |  |  |

| Name of county   | nty and state of reside                        | and the pears of                | State             | Year   | r (s) |     |
|--|--|---------------------------------|-------------------|--|-------|-----|
| tame or county   |  |                                 | ~ · · · ·         | =  | . (3) |     |
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|  |  |                                 |                   |  |       |     |
|  |  | Employ                          | mont Histor       | M¥7  |       |     |
| l ist vour last 3 e                                      | mployers beginning with yo                     |                                 | ment Histor       | Ľ <b>y</b>                                     |       |     |
| Dist your rase o c                                       | mproyers beginning man j                       | Jul Current or most recent      | employer.         |  |       |     |
|  |  |                                 |                   |  |       |     |
| Ct/I agt En  |  | Addre                           |                   | City   | State | 7:5 |
| Current/Last En  | iployer  | Auure                           | SS                | City   | State | Zip |
|  |  |                                 |                   |  |       |     |
| Position   |  | Super                           |                   | Telephone                                      |       |     |
| rosiuon  |  | Super                           | VISOI             | 1 elephone                                     |       |     |
|  |  |                                 |                   |  |       |     |
| Start Date   | Ending Date                                    | Starting Pay                    | Ending Pay        | Reason for Leaving                             |       |     |
|  |  | ~···g,                          |                   | **************************************         |       |     |
| Please describe y  | our duties:                                    |                                 |                   |  |       |     |
|  |  |                                 |                   |  |       |     |
|  |  |                                 |                   |  |       |     |
|  |  |                                 |                   |  |       |     |
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|  |  |                                 |                   |  |       |     |
|  |  |                                 |                   |  |       |     |
| Current/Last En  | ıployer  | Addre                           | SS                | City   | State | Zip |
| Current/Last En  | ıployer  | Addre                           | SS                | City   | State | Zip |
|  | ıployer  |                                 |                   |  | State | Zip |
| Current/Last En<br>Position                              | ıployer  | Addre<br>Super                  |                   | City   | State | Zip |
|  | nployer  |                                 |                   |  | State | Zip |
| Position   |  | Super                           | visor             | Telephone                                      | State | Zip |
|  | nployer<br>Ending Date                         |                                 |                   |  | State | Zip |
| Position   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date                                    | Super                           | visor             | Telephone                                      | State | Zip |
| Position<br>Start Date                                   | Ending Date<br>our duties:                     | Super                           | visor  Ending Pay | Telephone                                      | State | Zip |
| Position<br>Start Date<br>Please describe y              | Ending Date<br>our duties:                     | Super-                          | visor  Ending Pay | Telephone Reason for Leaving                   |       |     |
| Position<br>Start Date<br>Please describe y              | Ending Date<br>our duties:                     | Super-                          | visor  Ending Pay | Telephone Reason for Leaving                   |       |     |
| Position<br>Start Date<br>Please describe y              | Ending Date<br>our duties:                     | Super-                          | Ending Pay        | Telephone Reason for Leaving                   |       |     |
| Position  Start Date  Please describe y  Current/Last En | Ending Date<br>our duties:                     | Super-Super-Starting Pay  Addre | Ending Pay        | Telephone  Reason for Leaving  City            |       |     |
| Position  Start Date  Please describe y  Current/Last En | Ending Date<br>our duties:                     | Super-Super-Starting Pay  Addre | Ending Pay        | Telephone  Reason for Leaving  City            |       |     |
| Position  Start Date  Please describe y  Current/Last En | Ending Date<br>our duties:                     | Super-Super-Starting Pay  Addre | Ending Pay        | Telephone  Reason for Leaving  City            |       |     |
| Position  Start Date  Please describe y  Current/Last En | Ending Date our duties:  apployer  Ending Date | Super-Starting Pay  Addre       | Ending Pay        | Telephone  Reason for Leaving  City  Telephone |       |     |

## **Education**

| Circle highest levels completed: 9 10 11 1 List all schools you attended:  | 2 GED College: 1 2   | 3 4 Graduate Sch   | nool: 1 2 3 4  |  |
|--|--|--|--|--|
| Name and Location  | Dates Attended   | Course of Study  | Degree/Diploma   |  |
| Name and Location College:   | Dates Attended   | Course of Study  | Degree/Diploma   |  |
| Name and Location  Graduate School:  | Dates Attended   | Course of Study  | Degree/Diploma   |  |
| Name and Location  | Dates Attended   | Course of Study  | Degree/Diploma   |  |
|  | Refere   | nces   |  |  |
| Name   | Phone Number   |  | Relationship   |  |
| Name   | Phone Number   |  | Relationship   |  |
| Name   | Phone Number   |  | Relationship   |  |
| I certify that I have given true, accuraevent confirmation is needed in conneand licensing boards, and others to fu investigations of all statements made failure to disclose relevant informatio if I am employed, and (or) criminal acfraudulent disclosures are given to me | ection with my work, I au<br>rnish whatever detail is a<br>in this application and un<br>n may be grounds for re<br>ction. I further understar | thorize educational insti-<br>nvailable concerning my<br>nderstand that false infor-<br>jection of my application<br>ad that dismissal on unen<br>s. | tutions, associations, registration, qualifications. I authorize mation of documentation, or a , disciplinary action, or dismissal aployment shall be mandatory if |  |
| Signature of Applicant   |  | 1)   | ate  |  |

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. For example, you may wish to mention awards you have received, or leadership positions in civic groups or denominational agencies. Also use this section to expand any statements made in other sections of this application form. Attach additional sheets if necessary.