

Application for Employment



Tri-County Christian School
604 HBC Rd.
Macon, MO 63552
(660) 385-7188

Position applying for _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Church Membership _____

Church Address _____

Please list education below

Elementary & Junior High School(s) _____

High School _____

Address _____

Years Attended _____ Year graduated _____

College/University(s) attended _____

Final college transcript available from:

College/University _____

Address _____

City _____ State _____ Zip _____

Phone _____

Years Attended _____ Year graduated _____

Degree(s) held _____

Area(s) of Certification _____

Please list employment history beginning with the most recent employer.

1. Employer _____
Address _____
Position(s) held _____
Length Employed _____
Reason for leaving _____
2. Employer _____
Address _____
Position(s) held _____
Length Employed _____
Reason for leaving _____
3. Employer _____
Address _____
Position(s) held _____
Length Employed _____
Reason for leaving _____

Please list three persons not related to you who are familiar with your character and of your qualifications as it relates to working with youth. References will be checked as necessary.

Name _____ Phone _____
Occupation _____
Address _____

Name _____ Phone _____
Occupation _____
Address _____

Name _____ Phone _____
Occupation _____
Address _____

This information will be kept in a confidential file and accessible only to authorized personnel. A “yes” answer does not automatically exclude you from consideration.

1. Have you ever been convicted of a criminal offense? **Yes** **No**
If yes, please explain

2. Have you ever been charged with child abuse or neglect? **Yes** **No**
If yes, please explain

3. Has your driver’s license ever been suspended or revoked? **Yes** **No**
If yes, please explain

4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being trusted with the supervision, guidance, and care of young people? **Yes** **No**
If yes, please explain

5. Is your driver’s license current and valid? **Yes** **No**

6. Do you currently have the minimum vehicle insurance coverage as required by the State of Missouri? **Yes** **No**

I authorize the contact of the listed references and/or other checks of my personal background related to this application. I understand that misrepresentations or omission of information requested is just cause for non-employment or removal as a TCCS employee. I also understand that this information will be reviewed by TCCS personnel in order to make decisions on my placement as a TCCS employee.

Applicant’s Signature _____ Date _____