## **APPLICATION FOR ASSITANT TEACHING POSITION**

Christian Learning Centers of Florence County 2208 Pamplico Hwy Florence, SC 29505 Phone 843-662-5921

Social Security N		Date Available				
Last Name	First_			Middle		
Home Address_		City		_State	_ Zip Cod	e
Home Phone	dome Phone Work Phone		e		Cell Phone	
Please list the na emergency.	me, address, and pho	one number of t	he persor	n we may	contact in	case of
-	een convicted of a feloes, explain	-				
Do you possess	orofessional certificati	on as a teache	r?			
Issue Date	Expiration Date		State in w	hich issue	ed	
Educational Leve	el □BA □BS	□ <b>N</b>	<b>ЛА</b> 🗆	Doctorat	e	
EDUCATIONAL PRI	EPARATION - High School	ol and beyond (Lis	t chronologi	cally.)		
Name of School	Location of Scho		Attended From To	-	Earned	Major
TEACHING EXPER	ENCE - List chronologica	lly including studer	nt teaching.			
Name of School	Location of School	Dates Attended From To	Grade	Subjects	Reason f	or Leaving

OTHER WOR		Location City State	Dates Mo/Year to Mo/Ye	Kind	of Work	Reason for Leavino
		-				
TIOW OILEIL	do you attend	l? □ Seve	ral times week	y 🗆 One	ce a week	☐ Monthly
	do you attend r's name and		ral times week ber			
Your Pasto		phone num				
Your Pasto	r's name and	phone num	ber			
Your Pasto Please list	r's name and three referer  Address	phone num	ber	ne Number	Relations	ship with Applicant
Your Pasto Please list	r's name and three referer  Address	phone num	berPho	ne Number	Relations	ship with Applicant

My signature below indicates that I have completed this application for employment accurately and truthfully.	I
understand that misrepresentation of factual information is a cause for dismissal should I be employed by Th	е
Christian Learning Centers of Florence County.	

My signature below authorizes the Christian Learning Centers of Florence County to do the background screening that is required for employment.

Signature		
Date of Signature	·	

## Mail completed form to:

Christian Learning Center PO Box 13071 Florence SC 29504