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**OTHER WORK EXPERIENCE** - List chronologically (full-time only).

Name of Organization	Location		Dates Mo/Year to Mo/Year	Kind of Work	Reason for Leaving
	City	State			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What Church do you regularly attend? \_\_\_\_\_

How often do you attend?     Several times weekly     Once a week     Monthly

Your Pastor's name and phone number \_\_\_\_\_

**Please list three references**

Name	Address	Phone Number	Relationship with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Explain why you want to teach a Bible Class with the Christian Learning Centers**

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**REQUIRED EMPLOYEE SIGNATURE**

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 The 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