

# **CHRIST LUTHERAN SCHOOL**

311 SOUTH CITRUS STREET  
WEST COVINA, CA 91791  
626.967.7531



**WEST COVINA**

**EMPLOYMENT APPLICATION**

**(CERTIFICATED POSITIONS)**

# **CHRIST LUTHERAN SCHOOL**

## **EMPLOYMENT APPLICATION (CERTIFICATED POSITIONS)**

Equal Opportunity Employer

Christ Lutheran School is a religiously qualified Equal Opportunity Employer, with the right to prefer Christians in hiring. It is the policy of Christ Lutheran School to recruit and promote for job classifications on various factors including qualification, competence, attitude and spiritual commitment. Christ Lutheran School does not discriminate against qualified applicants on account of race, color, sex, age, national origin, or mental or physical handicap / disability. Christ Lutheran School reasonably accommodate the known disabilities / handicaps of qualified applicants, unless to do so would be an undue hardship.

### **INSTRUCTIONS FOR COMPLETION**

1. Type or print (using black or dark blue ink).
2. Attach additional sheets if explanations are needed for any items.
3. Attach three letters of recommendation and a resume. These recommendations should be from former employers, one may be from your Pastor.
4. Separate this page from the Application Form before mailing.
5. Mail to: **Christ Lutheran School  
311 South Citrus Street  
West Covina, CA 91791**  
or  
Email to: [principal@clswc.org](mailto:principal@clswc.org)



**Certification:** List the valid denominational teaching certificate(s) held, and indicate the endorsement(s) and the expiration date for each. (Example: Standard Certificate, Elementary Endorsement, Expiration Date: August 1997.) Please attach a photocopy of your certificate(s).

Basic     Standard     Professional     Administrator     Designated Subjects     Conditional

Endorsements: \_\_\_\_\_ Expiration Dates: \_\_\_\_\_

State Certificates (which state(s)?): \_\_\_\_\_

Has your state teaching certificate ever been limited, curtailed, suspended or revoked?     Yes     No  
(If yes, attach details providing action(s) taken, date(s) and circumstances.)

**ADDITIONAL INFORMATION:** List any other experience or skill that you believe contributes to your qualifications for this position: \_\_\_\_\_

Do you speak, read or write any language other than English?     Yes     No    Specify: \_\_\_\_\_

Have you ever been terminated, dismissed, or asked to resign from any position or employment?     Yes     No  
(if yes, attach details providing employer, dates, action taken, and circumstances.) \_\_\_\_\_

Have you ever plead guilty to or been convicted of any criminal offense?     Yes     No  
(If yes, attach details providing dates, circumstances and disposition.) Criminal convictions are not an automatic bar to consideration for employment. You may be asked to authorize verification of any criminal record.

Are you currently serving probation for any criminal conviction?     Yes     No (if yes, attach details.)

**REFERENCES:** List at least four persons other than relatives who can provide both character and employment references:

Name	Position	Address	Zip Code	Phone
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VERIFICATION OF APPLICATION INFORMATION: I hereby certify that all of the information on this application and any resume or exhibit is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or resume will result in disqualification for employment or, if I am hired, dismissal from employment. I authorize the employing organization and its agent to confirm information supplied on this application and my resume and to investigate my suitability for employment. I agree to furnish additional information if requested. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the employing organization, as well as from using such information in considering my employment application. I understand that if I receive a conditional employment offer, I may be asked to take a job-related medical examination with a physician selected by the employing organization. The results of this examination will be communicated to the employing organization and considered in evaluating my application. If I refuse to take such a medical examination, I understand that I must complete an I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States. If employed, I agree to conform to the policies and standards of employing organization. I understand that no one other than Christ Lutheran Church Council or their designee is authorized to enter into any employment agreement for any specific time period or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date