



NIKKI'S
CHRISTIAN ACADEMY
FAITH.....EXCELLENCE.....FAMILY

NIKKI'S CHRISTIAN ACADEMY
Empowering Young Minds.... Strengthening Families...
Website: nikkischristianlearningcenter.org • Email: ncaoldbridge@gmail.com
1549 Old Bridge Road, Woodbridge, VA 22192
Tel: (571) 427-2053 • Fax: (571) 427-2054

Employment Application Form

Date of Hire: _____	Date Available: _____
Position: _____	Salary: \$ _____ Hourly / Salary

Position Applied For: _____ Date Available: _____

☐ Full Time ☐ Part- Time Hours Available to Work: _____ Desired Salary: \$ _____

Personal Information

Full Name: _____

Last

First

Middle

DOB: _____ Social Security Number: _____ - _____ - _____

Month/Day/Year

Address: _____

House / Apt #

Street

City

State

Zip Code

Home

(____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Best time to contact you? _____ Email Address: _____

Are you 18 years or older? ☐ Yes ☐ No If no, please state your age: _____

Are you a citizen or national of the United States? ☐ Yes ☐ No

If no, are you a lawful permanent resident? ☐ Yes ☐ No

If no, are you an alien authorized to work until a specified date? ☐ Yes ☐ No if yes, specify date: _____

Do you have any health or medical conditions which might interfere with fulfilling the responsibilities of the position for which you are applying? ☐ Yes ☐ No If so, please explain in detail.

Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint?

☐ Yes ☐ No _____

Employment requires Criminal Background Clearances. Is this acceptable to you? ☐ Yes ☐ No

In case of Emergency please notify:

Name: _____
Print Full Name (Last, First) *Relationship*

Address: _____
House / Apt # *Street* *City* *State* *Zip Code*

Home Telephone: (____)____ - _____ Cell Telephone: (____)____ - _____

Disclosure: Before driving a vehicle to transport children, I realize that I am required to disclose any moving violation(s) that occurred five years prior to or during employment or assignment as a driver.

Signature of Applicant	Date
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Education and Training:

1. Name and location of High School: _____

Highest grade completed: _____ Date of Graduation: _____ Date GED completed: _____

2. Name and location of College/University: _____

Dates Attended: _____ Number of Years Completed: _____ Number of Credits Earned: _____

Degree(s) Earned: _____

3. Additional training
or certificates that would be helpful in evaluating your application:

Experience:

1. Position: _____ Dates From: _____ to _____

Employer: _____ ☐ Full time ☐ Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - _____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? ☐ Yes ☐ No

Salary/Wages: From \$ _____ to \$ _____

2. Position: _____ Dates From: _____ to _____

Employer: _____ ☐ Full time ☐ Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? ☐ Yes ☐ No

Salary/Wages: From \$ _____ To \$ _____

3. Position: _____ Dates From: _____ to _____

Employer: _____ ☐ Full time ☐ Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? ☐ Yes ☐ No

Salary/Wages: From \$ _____ to \$ _____

4. Position: _____ Dates From: _____ to _____

Employer: _____ ☐ Full time ☐ Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? ☐ Yes ☐ No

Salary/Wages: From \$ _____ to \$ _____

References:

Name: _____ Relationship: _____

Last

First

Company: _____ Title: _____

Phone: _____

Home

Work

Cell

To be filled by office personnel only: TELEPHONE REFERENCE CHECK

Date of Contact: _____ Person who obtained reference: _____ Date: _____

Reference Comments: _____

Name: _____ Relationship: _____

Last

First

Company: _____ Title: _____

Phone: _____

Home

Work

Cell

To be filled by office personnel only: TELEPHONE REFERENCE CHECK

Date of Contact: _____ Person who obtained reference: _____ Date: _____

Reference Comments: _____

Name: _____ Relationship: _____

Last

First

Company: _____ Title: _____

Phone: _____

Home

Work

Cell

To be filled by office personnel only: TELEPHONE REFERENCE CHECK

Date of Contact: _____ Person who obtained reference: _____ Date: _____

Reference Comments: _____