

Employment Application

Mountain View Christian Schools

Preschool Elementary School Junior High Prep School Junior High School High School



3900 East Bonanza Road Las Vegas, NV 89110
702-452-1300 ph 702-452-0499 fax
www.mvcs.net



Your interest in **Mountain View Christian Schools** is appreciated. We invite you to fill out this initial application and return it to our school office. If an opening occurs for which you may qualify, we will schedule an interview. We will also contact your references.

We realize that the key to a successful Christian School is its staff. We are seeking applicants who are professionally qualified, who really love children, and who, by the pattern of their lives, are Christian role models, as found in Luke 6:40. Thank you for your interest in the ministry of our school.

A. APPLICANT'S NAME AND ADDRESS

Full name: _____

Application date: _____ / _____ / _____ Date available: / _____ / _____

Position Applying For: _____

Present Address: _____

Phone: Days () _____ Evenings () _____ Best time to call? _____

e-mail Address: _____ Soc. Sec. No. _____

How long have you lived at the above address? _____

Permanent Address and Phone number if different than present address:

Please add additional address information where you have resided during the past five years:

The mission of Mountain View Christian Schools is to graduate Christian Leaders who by their commitment to academic excellence and spiritual vitality will transform the world for Jesus Christ

B. PROFESSIONAL QUALIFICATIONS

*** Please attach photocopies of all your transcripts. Should you be offered a position, official copies of your transcripts must be provided to the school for inclusion in your personnel file.**

Formal Training

What degree or degrees do you hold? Check all that apply.

High School Diploma Bachelor's Degree Master's Degree Other
Degree Date Received Issuing Institution

Your Major(s)

Your Minor(s)

Cumulative grade point average BA _____ Graduate work

Additional Experience

Foreign Language spoken: _____ read: _____ write: _____

U.S. Military Service: _____

Activities (civic, athletic, etc.): _____

Additional Skills

Please list your technological/computer skills.

C. EMPLOYMENT HISTORY

Are you employed now? _____

May we contact your present employer? _____

Please start with your current or most recent employer. If necessary, you may make copies of this page or following the same format, use the reverse side.

Work 1. Employer _____
Background Position _____ Dates of Employment _____
Address _____

Supervisor's Name and Phone Number _____
Reason for leaving _____

2. Employer
Position _____ Dates of Employment _____
Address _____

Supervisor's Name and Phone Number _____
Reason for leaving _____

3. Employer
Position _____ Dates of Employment _____
Address _____

Supervisor's Name and Phone Number _____
Reason for leaving _____

4. Employer
Position _____ Dates of Employment _____
Address _____

Supervisor's Name and Phone Number _____
Reason for leaving _____

5. Employer
Position _____ Dates of Employment _____
Address _____

Supervisor's Name and Phone Number _____
Reason for leaving _____

D. REFERENCES

You will need to sign the **Reference Release Form** that is attached and return it with this application. Do not list family members or relatives for references.

Reference Give three references who are able to speak about your qualifications for employment.

	Name	Phone	Position
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		

E. PERSONAL PHILOSOPHY

Please succinctly answer the questions below. Use additional paper if needed.

Short Essays

- A. Please describe how you came to know Jesus Christ as your personal Savior?

- B. Denominational Preference?

- C. Church Currently Attending?

- D. Church activities that you are currently involved in.

- E. What areas do you feel are your strengths? Weaknesses?

- F. Please summarize any additional information that you would like to present regarding your candidacy for this position.

E. APPLICANT’S CERTIFICATION AND AGREEMENT

I understand that **Mountain View Christian Schools** does not discriminate in its employment practices against any person because of race, color, nationality or ethnic origin, gender, age, or disability.

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be paid and receive benefits only through the day of release.

I authorize **Mountain View Christian Schools** to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals which know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the job.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release the school, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

Since I will be working with children, I understand that I must submit to a fingerprint check by the FBI and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or to reflect adversely on the school or on me as a Christian role model.

I understand that this is an only an application for employment and that no employment contract is being offered at this time.

I certify that I have carefully read and do understand the above statements.

Signature of Applicant

Date

Mountain View Christian Schools

Preschool
Elementary School
Junior High Prep School
Junior High School
High School

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AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a position as a _____ with **Mountain View Christian Schools**. I have authorized the school to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals which know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release **Mountain View Christian Schools**, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to **Mountain View Christian Schools**.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Date

Applicant's Signature

Applicant's Social Security Number



AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for volunteer or paid service with either The Champion Center of Las Vegas (CCLV) or Mountain View Christian Schools (MVCS), I authorize CCLV or MVCS to request any present or former employer, school, police department, financial institution, Division of Motor Vehicles, consumer reporting agencies, personal references or other persons or agencies having knowledge about me, in order that my qualifications may be evaluated. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment, contract or tenancy.

I authorize without reservation, any person, agency, or other entity contacted by The Champion Center of Las Vegas and/or MVCS for the purposes of obtaining background report information, to furnish the above-mentioned information.

I release CCLV and/or MVCS, and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me or my heirs, family or associates because of compliance with this authorization and request for release of information

Employment Background Check	Department You're Applying For: _____
Volunteer Background Check:	Department You're Volunteering For: _____
Driver Classroom Aide	Coach Youth/Teen Worker Children's Ministry
Other: _____	

Driver's License State: _____ Exp: _____ Driver's License Number: _____

I understand that if I am driving my own vehicle I am required to show proof of a minimum of \$50,000/\$100,000 insurance coverage

I have had no moving violations in the past three years

I have had the following moving violations in the past three years listed below:

Please print the following personal information:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ City: _____ County: _____ State: _____

Male: _____ Female: _____ SS#: _____ - _____ - _____

Other or Former Names (including maiden name, if applicable): _____

Current Address: _____ How Long: _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ How Long: _____

City: _____ County: _____ State: _____ Zip: _____

Current Phone #: _____ Cell Phone #: _____ E-mail Address: _____

By signing below I confirm that all information contained in this release is accurate and true. Please return completed form and copies of your current Nevada Drivers License and Social Security card to the appropriate Administrator or Pastor.

Signature: _____ Date: _____