

***Ripon Christian School***  
***Reaching Connecting Serving***

**EMPLOYMENT APPLICATION**

For which position are you applying?

***435 N. Maple Avenue  
Ripon, CA 95366  
Phone 209.599.2155  
Fax 209.599.2170***

[www.RiponChristianSchools.org](http://www.RiponChristianSchools.org)

***APPLICANT INFORMATION***

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

Street City, State Zip

Home Telephone: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Current Date: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Have you previously applied at Ripon Christian School? \_\_\_\_\_

***ACADEMIC INFORMATION***

Elementary School \_\_\_\_\_ Christian School  Yes  No

Secondary School \_\_\_\_\_ Christian School  Yes  No

College/University Information

Name of Institution	Dates Attended	Date of Graduation (if applicable)	Degree	Major / Minor	GPA

***TRAINING***

What course, workshop, or other experience have you had that will help you with the position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE**

Name of employer \_\_\_\_\_ Christian Organization? \_\_\_\_\_  
Date of employment \_\_\_\_\_ Total years \_\_\_\_\_  
Position held \_\_\_\_\_

Name of employer \_\_\_\_\_ Christian Organization? \_\_\_\_\_  
Date of employment \_\_\_\_\_ Total years \_\_\_\_\_  
Position held \_\_\_\_\_

**REFERENCES**

**Professional**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City, State Zip  
E-mail address: \_\_\_\_\_ Phone Telephone: \_\_\_\_\_  
Capacity in which they know you: \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City, State Zip  
E-mail address: \_\_\_\_\_ Phone Telephone: \_\_\_\_\_  
Capacity in which they know you: \_\_\_\_\_

**Character**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City, State Zip  
E-mail address: \_\_\_\_\_ Phone Telephone: \_\_\_\_\_  
Capacity in which they know you: \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City, State Zip  
E-mail address: \_\_\_\_\_ Phone Telephone: \_\_\_\_\_  
Capacity in which they know you: \_\_\_\_\_

**ANSWER/RESPOND TO THE FOLLOWING:**

In a paragraph or two, please respond to the following questions. Attach your answers to your application.

- 1. *Why are you interested in working at Ripon Christian School?*
- 2. *What are your greatest strengths that you would bring to this position?*
- 3. *What is your personal relationship and commitment to Jesus Christ?*

**Thank you for submitting your application. Please fax or mail the completed application to the attention of Eric Segaar, Superintendent.**