



DEMOTTE
CHRISTIAN SCHOOLS

1223 Begonia Street SE, DeMotte, IN 46310
219.987.3721 | www.dmchr.org

Application for Cook

Name

Daytime Phone _____ Evening
Phone _____

Street Address

City, State, Zip

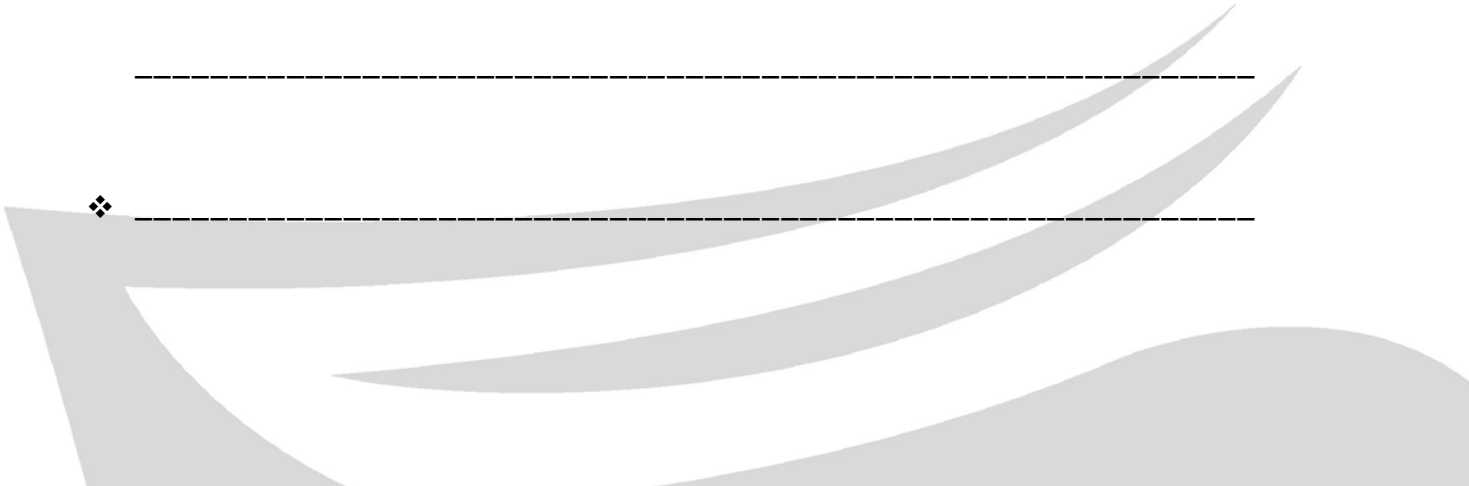
Church Membership:

References with name, address & phone number:

❖ -----

❖ -----

❖ -----





Do you have experience with the following?

- ❖ Data Entry ____yes ____no
- ❖ Desktop Publishing ____yes ____no
- ❖ Google Docs ____yes ____no
- ❖ Microsoft Excel ____yes ____no
- ❖ Microsoft Publisher ____yes ____no
- ❖ Microsoft Word ____yes ____no

Employment History (starting with most recent):

- ❖ Name of employer: _____

 - ❖ Address & phone: _____

 - ❖ Dates of employment: _____

 - ❖ Duties performed: _____

- _____

- ❖ Name of employer: _____

- ❖ Address & phone: _____

- ❖ Dates of employment: _____

- ❖ Duties performed: _____

❖ Name of employer:-----

❖ Address & phone:-----

❖ Dates of employment:-----

❖ Duties performed:-----

Education:

	Name & Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School				N/A
High School				

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:_____Signature:_____

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