## **Legacy Christian School**

67 68<sup>th</sup> Street, SW, Grand Rapids, MI 49508 Phone (616) 455-3860 Fax (616) 455-1960 www.legacycs.org

## **Application for Employment**

## **Biographical Information** Date\_\_\_\_\_ Name\_\_\_\_\_Phone\_\_\_\_ Address e-mail Academic Background (most recent first) Institution Major(s) Minor(s) Degree Date GPA Distinctions (i.e., awards, scholarships, honors):\_\_\_\_\_ Work Experience (Please list most recent first) Company Position Date Spiritual Life Church Membership\_\_\_\_\_ Church Activities, Offices or Duties:

Statement of Faith:			
the only infallible ru	ures of the Old and New le of faith and practice, and consistently interpre	and that this divi	ne Word of God has
Do you subscribe to	o the Legacy Christian S	School "Statemer	nt of Faith"?
References (Two p	professional, two person	al)	
<u>Name</u>	<u>Address</u>		<u>Phone</u>
Why do you want to	work at Legacy Christia	an?	
I affirm that this info	ormation is true and com	nplete.	
	_	Signature of	f Applicant