

# Legacy Christian Academy

## Application for Employment

### Personal Information

CHECK ONE:	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Former Applicant	<input type="checkbox"/> Former Employee	Dates:
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AREA OF INTEREST					
<input type="checkbox"/> Pre-Kindergarten Teacher	<input type="checkbox"/> Physical Education		<input type="checkbox"/> Administrative Assistant		
<input type="checkbox"/> Elementary (K5 – 6 <sup>th</sup> ) Teacher	<input type="checkbox"/> Fine Arts		<input type="checkbox"/> Finance and Accounting		
<input type="checkbox"/> Middle (7 <sup>th</sup> -8 <sup>th</sup> ) Teacher	<input type="checkbox"/> Coaching—Contact the Athletic Dept.		<input type="checkbox"/> Advancement	<input type="checkbox"/> Nurse	
<input type="checkbox"/> High School (9 <sup>th</sup> -12 <sup>th</sup> ) Teacher	<input type="checkbox"/> Library		<input type="checkbox"/> Operations		
Work preference:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Substitute	<input type="checkbox"/> Temporary	<input type="checkbox"/> Custodial
DATE AVAILABLE:	MINIMUM WAGE/SALARY DESIRED: (please do not leave blank)				

Please be sure to complete all sections. If not applicable, mark "NA." Please Print Legibly in Ink or Type  
Any incomplete information may be considered willful omission and result in your application not being considered.

PERSONAL INFORMATION		
Name (Last, First, Middle Initial)		E-mail Address:
Address (Number, Street, City, State, Zip)		
Phone Numbers (w/Area Code)	Previous names under which you have worked or attended school.	
Daytime	Home	Mobile
If offered employment can you provide proof that you are at least 18 years old?		Are you legally eligible for employment in the United States and can you provide documentation to verify your employment eligibility?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If presently employed, may we inquire of your employer?		In case of emergency, whom should we contact?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name <span style="float:right">Phone Number</span>

GENERAL INFORMATION	
<p>HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC OFFENSE, INCLUDING SPEEDING OR PARKING VIOLATIONS)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. (Convicted means you were declared guilty by a judge or jury or you pled guilty in court. A conviction may have taken place even if you did not pay a fine or spend time in jail or prison.) (Legacy Christian Academy reserves the right to make a criminal background check a condition of employment.)</p>	
Do you have relatives employed by <i>Legacy Christian Academy</i> ?	If yes, provide name(s), relationship(s), and assignment.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been disciplined, terminated, or asked to resign by a former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
What church do you presently attend? (If not attending, leave blank.)	Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pastor's name and contact information.	

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### Mission

Legacy Christian Academy is a distinctively Christian college preparatory school for boys and girls in grades 7-12. Our mission is to develop Christian leaders for the next generation.

Legacy employs Christian teachers who are committed to academic excellence, the discipleship of teenagers in a school environment, and an ongoing, personal investment in the culture and the programs of an excellent school.

Thank you for your interest in our school. Let us know if there is anything we can do to help you as you seek God's will for your professional life and ministry.

### Statement of Christian Faith

Please describe how you became a Christian and your Christian life to this point.

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### Our Articles of Faith

(1) We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (2) we believe that there is one God, eternally existent in the persons of the Father, Son, and Holy Spirit. (3) We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in his personal return in power and glory. (4) We believe that for the salvation of lost and sinful man regeneration by the Holy Spirit is absolutely essential. (5) We believe in the resurrection of both the saved and lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. (6) We believe in the spiritual unity of believers in our Lord Jesus Christ. (7) We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.

### Our Professional Standards of Conduct

Members of the Legacy Christian Academy faculty and staff always strive to be an unquestionable example before their students and colleagues so they can say with the Apostle Paul, "Follow me as I follow Christ."

I subscribe to the Legacy Christian Academy Articles of Faith and Professional Standards of Conduct without reservation..

Signature of Applicant \_\_\_\_\_

Date\_\_\_\_\_

# Legacy Christian Academy

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### Employment Information-All Applicants

*ALL APPLICANTS COMPLETE THIS SECTION*

**EMPLOYMENT HISTORY (All information must be included even if resume is attached.)**

Please begin with your present or most recent employer. Account for any periods of unemployment. Attach additional sheets if necessary.

Company	Job Title
Street Address City	State Zip Code
Telephone Number/Fax Number	Dates Employed From: To:
Description of Duties:	
Supervisor's Name (First) (Last)	Department
Did you have a different name while working here? If so, please list:	Reason for Leaving

Company	Job Title
Street Address City	State Zip Code
Telephone Number/Fax Number	Dates Employed From: To:
Description of Duties:	
Supervisor's Name (First) (Last)	Department
Did you have a different name while working here? If so, please list:	Reason for Leaving

Company	Job Title
Street Address City	State Zip Code
Telephone Number/Fax Number	Dates Employed From: To:
Description of Duties:	
Supervisor's Name (First) (Last)	Department
Did you have a different name while working here? If so, please list:	Reason for Leaving

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### Employment Information -Teaching Applicants Only

**COMPLETE THIS SECTION IF APPLYING FOR TEACHING POSITION**

STUDENT TEACHING or other SUPERVISED INTERNSHIPS completed within the past five years:

School or Organization And Location	Dates		Subject And/Or Grade-level	Supervisor's Name and Phone Number (w/ area code)
	From	To		

### EDUCATION

Degrees/ Diplomas Earned	Type of School	Name and Location Of School	Number of Years	Major Field	Semester Hours	G. P. A. (major)	Minor Field	Semester Hours	G. P. A. (minor)
	*College or University								
	*College or University								
	*College or University								

\*Includes Business, Trade or Correspondence Schools

List subjects/grades you are state-licensed to teach in order of preference. If you need additional space, please attach an additional page.

### LICENSE RECORD

License/Registration/Certification Type	State	Date Expires	Serial Number	Grade Level/Subject

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### Skill Information

SKILL INFORMATION			
Do you type: <input type="checkbox"/> Yes <input type="checkbox"/> No   Speed _____ WPM		Valid current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you characterize your computer skills? (check one)  <input type="checkbox"/> Expert <input type="checkbox"/> Intermediate <input type="checkbox"/> Novice <input type="checkbox"/> None		State _____ Operator's Number _____ CDL Number _____	
Please indicate (✓) the administrative skills or duties which apply to your work experience/background:			
<input type="checkbox"/> Project Management <input type="checkbox"/> Data entry <input type="checkbox"/> Mail merge/mass mailing <input type="checkbox"/> Record Keeping <input type="checkbox"/> Filing	<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Accounting <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Payroll <input type="checkbox"/> Personnel Management	<input type="checkbox"/> Phone skills <input type="checkbox"/> Written Communication <input type="checkbox"/> Customer Service <input type="checkbox"/> Sales <input type="checkbox"/> Foreign Languages <input type="checkbox"/> QuickBooks	<input type="checkbox"/> MS-Word <input type="checkbox"/> MS-Excel <input type="checkbox"/> MS-Access <input type="checkbox"/> MS-PowerPoint <input type="checkbox"/> MS-Publisher <input type="checkbox"/> Website Development
Please check (✓) any of the following areas in which you have experience <u>and</u> an interest in instructing.			
<input type="checkbox"/> Coaching Sport: _____ <input type="checkbox"/> Service/Ministry	<input type="checkbox"/> Music <input type="checkbox"/> Visual Arts <input type="checkbox"/> Drama, Speech	<input type="checkbox"/> Journalism <input type="checkbox"/> Mock Trial, Debate <input type="checkbox"/> Chess	<input type="checkbox"/> Yearbook <input type="checkbox"/> Computers/Technology <input type="checkbox"/> Nature Studies
Briefly describe the experience you have in any of the above special areas.			
_____ _____ _____			

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## References

List four references other than family members who can testify to your character and professional abilities. Include at least two references who have supervised you in a professional capacity.

### REFERENCE NUMBER ONE

Name of Reference	Job Title		
Street Address	City	State	Zip Code
Telephone Number/Fax Number	Time Applicant Has Known Reference From: To:		
Relationship:			
E-mail Address	Other Telephone Number		

### REFERENCE NUMBER TWO

Name of Reference	Job Title		
Street Address	City	State	Zip Code
Telephone Number/Fax Number	Time Applicant Has Known Reference From: To:		
Relationship:			
E-mail Address	Other Telephone Number		

### REFERENCE NUMBER THREE

Name of Reference	Job Title		
Street Address	City	State	Zip Code
Telephone Number/Fax Number	Time Applicant Has Known Reference From: To:		
Relationship:			
E-mail Address	Other Telephone Number		

## Legacy Christian Academy Application for Employment

### Applicant Authorization Statement

(Please indicate that you have read and that you understand each paragraph of the Applicant's Authorization Statement by placing your initial beside each paragraph.)

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my

character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to these investigations and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If *Legacy Christian Academy* decides to obtain a consumer credit report, I understand that *Legacy Christian Academy* will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I hereby release all parties, including but not limited to *Legacy Christian Academy*, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action *Legacy Christian Academy* takes on the basis of such information.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizens status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment at will and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by *Legacy Christian Academy*. I further understand that statements that may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that *Legacy Christian Academy* has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of *Legacy Christian Academy*, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

\_\_\_\_\_ I understand that, upon employment, I may be required to sign an agreement relating to confidential information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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### Authorization for Release of Reference Information

I have made application for a position with Legacy Christian Academy. I authorize Legacy Christian Academy to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by Legacy Christian Academy such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to Legacy Christian Academy.

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

Please complete the information below and provide a signature authorizing Legacy to obtain information that would help us verify all data provided in your application for employment.

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE \_\_\_\_\_  
*Please Print Full Name*

\_\_\_\_\_  
*Signature Authorization of Applicant*

\_\_\_\_\_  
*Position of Interest*