

Loganville Christian Academy Employment Application

A. Personal Information

Full Name:		
Application date://	Date available: / / /	
Present address:		
City:	State: Zip Code:	
Phone: Home ()	Cell Home ()	
On a supplemental page, please list any time during the last 5 years.	additional addresses where you have resid	ded at any
Email address:		
Date of birth:// Driver	's License No: Sta	te:
All staff are asked to "friend" or "follow media accounts (ex. Facebook, Insta etc.):		all social
Position(s) for which you are applying	g:	
Desired Salary:	Most Recent Pay:	
Most Recent Job Function:		
If you are under age 18, can you sub	mit a work permit if hired? Yes	_ No
If you are not a US citizen, do you ha	ve a VISA to work in the US? Yes	_ No
If yes, what kind of Visa classification	do you have?	
Visa Registration Number:	Expiration Date:	
Has bond or security clearance ever	been denied and/or canceled? Yes	_ No
If yes, please explain:		

B. Christian Background: Bible, Statement of Faith and Church

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth, and conduct? Yes No
Signature:
The electronic signature above is treated by LCA like a physical handwritten signature and is legally binding.
Please carefully read our Statement of Faith and indicate below your degree of support.
I fully support the Statement as written without mental reservations.
I support the Statement except for the area(s) listed and explained on a separate paper.
Signature:
The electronic signature above is treated by LCA like a physical handwritten signature and is legally binding.
Church Denominational Preference:
Church Presently Attending: How long?
In what church activities are you involved and with what degree of regularity?
Describe your routine of personal Bible study and prayer life.
What books have you read recently that have helped you spiritually?

C. Professional Qualifications

Education (See job description for minimum education required for position.)

High School/College	Degree/Major	Date Received
List any books or articles that professionally.		
proressionally.		
Credentials (For teaching pos		
Do you hold an ACSI Teachir	ng and/or Administrator Certifi	cate? Yes No
What level?	remains valid	I for years
Do you have a state teaching	certificate? Yes No	
What state(s)?	remains valid	for years
*Please attach photocopies of any certificates held.		
Elementary applicants: Grade(s) certified to teach:		
Specializations:		
MS/HS applicants: Subject(s)		

For coaching positions only:

Playing Experience: Sequentially list your playing experience with the most recent first (include college, high school, and any recreation leagues).

School's Name	Sports Lettered In	Dates	Awards

Coaching Experience: Please list any coaching experience below (include recreation, high school, and college). If additional room is needed, please use a separate sheet of paper.

School or League	Sport	Dates	Awards/Titles

D. Employment History (Begin with most recent)

Employer/ Position	Employment Dates	Address	Supervisor's Name/Phone Number	Reason for Leaving
Have you ever been terminated from a job or given the option to resign in lieu of being terminated? If yes, explain.				
For teaching posi	tions only:			
Number of comple	ete teaching yea	ars (excluding student	teaching): FT	PT
Have you already	signed a contra	act for the next year wit	th any other institu	tion?
Yes No				
•		m an assigned classro		on staff? If
Have you ever ha	d your teaching	contract not renewed?	? If yes, explain	

Placement Information			
What grades or subjects are you prepared to teach?			
What grades or subjects would you prefer to teach?			
What other school activities could you sponsor/assist?			
Christian Education Preparation: Have you had any courses in the Philosophy of Christian Education? If so, when and where?			
E. Background			
Loganville Christian Academy conducts background checks on all potential hires. Is there anything in your background that may appear? If so, please explain.			
Have you ever been convicted of a crime? If yes, explain			
Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct? Yes No			
Have you ever been shown by credible evidence, e.g., a court order of jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? Yes No			
Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying. Please list any disabilities that require accommodations here:			

F. Personal References

*Family members or relatives may not be listed as references.

Please provide personal references. At minimum, please provide at least <u>1 spiritual leader</u> who knows you well and <u>2 professional references</u> (a superintendent, headmaster, principal, supervisor, etc.).

Type (Spiritual/Professional)	Name/Phone Number	Role

G. Applicant's Certification and Agreement

legally binding.

I understand that Loganville Christian Academy does not discriminate in its employment practices against any person because of race, color, national 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 Loganville Christian Academy to thoroughly investigate references, work records, evaluations, education, and 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 the Loganville Christian Academy, 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 Loganville Christian Academy.

Since I will be working with children, I understand that I must submit 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 is necessary for such investigation. I authorize Loganville Christian Academy to conduct a criminal records check.

I understand that this is 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	Printed Name	Date
The electronic signature above is treat	ed by LCA like a physical handwritte	en signature and is

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize **Loganville Christian Academy** to order my background report, including investigative consumer reports. I understand that **Loganville Christian Academy** may rely on this authorization to order additional background reports, including investigative consumer reports, during my time as a volunteer without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers, learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses, and substance abuse testing.

I agree that Loganville Christian Academy may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name	_ First Middle	
Maiden/Other Names	Years Used	
If you live or work for the Company in C would like a free copy of your background	alifornia, Minnesota, or Oklahoma: Check this box if you check report:	
Signature	Date: (Month/Day/Year)	
If required, notarize here. When using an embor seal, please shade with a pencil before faxing.	sed Subscribed and sworn before me:	
	Notary Public Signature	
(Affix Seal)	(Affix Seal) Date	

My commission expires:

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding **Loganville Christian Academy** in running a background check in connection with your application for volunteer work. The organization is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number, or driver's license number until instructed to do so by the **Loganville Christian Academy**. First Name _____ Middle Name ____ Last Name ____ Date of Birth ____/___(Month/Day/Year) Social Security Number _____ Driver's License Number _____ State of Issue _____ Enter any other names used (including maiden names): First Name _____ Middle Name _____ Last Name _____ First Name _____ Middle Name ____ Last Name ____ _____ Middle Name _____ Last Name _____ Addresses within the past seven (7) years (use a separate sheet as needed): Present Street Address City/State/Zip Prior Street Address From _____/___(Month/Day/Year) To _____/___(Month/Day/Year) City/State/Zip