

Application for Employment at Lafayette Christian School

Your interest in Lafayette Christian School is appreciated. We invite you to fill out this initial application and return it to our school office. If an opening occurs for which you may qualify, we will notify and ask you to send your placement file to our office. We will also contact your references. If we have continued interest in your candidacy, we will send you some follow up questions and arrange for a personal interview.

We realize that the key to a successful Christian School is its staff. We are seeking applicants who are professionally qualified, who really love children, and who, by the pattern of their lives, are Christian role models. Luke 6:40.

We look forward to receiving your initial application. Thank you for your interest in the ministry of our school. It is our prayer that God will fulfill His perfect will in the lives of all applicants.

A. APPLICANT'S NAME AND ADDRESS

Full Name: _____ Application Date _____

Present Address: _____ Date Available _____

Phone: Days _____ Evenings _____

Soc.Sec.No. _____ How long at above address _____

Permanent address and phone number if different than present address:

_____, _____

Name, address, phone of emergency contact: _____

B. POSITION DESIRED

Please indicate 1,2,3 choice in the parenthesis. Then to the right please indicate the grades or subjects in order of preference:

() Early Learning Center	_____	Full Time	_____
() K-4 , K-5	_____	Part Time	_____
() Elementary	_____	Substitute	_____
() Middle School	_____		
() High School	_____		
() Staff Position	_____		

Salary Requirement: _____ Present salary: _____

Special Abilities: Please list activities or sports which you would be capable of and willing to direct, sponsor, advise, or coach. (Indicate grade or ability levels).

Future Plans: What would you like to be doing five years from now?

C. CHRISTIAN BACKGROUND

*In your own handwriting on a separate paper briefly give your Christian testimony.

Bible: 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: _____

Statement of Faith: Please carefully read our Statement of Faith and indicate below your degree of support.

_____ I fully support the Statement of Faith as written without mental reservations.

Signature: _____

_____ I support the Statement except for the area (s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: _____

Church Service:

Denominational preference? _____

What is your local church affiliation? _____

Are you presently a member in good standing? _____ Years? _____

In what church activities are you involved and with what degree of regularity?

What other Christian service have you done since becoming a Christian?

What is your attitude toward working with those of other races and those of other denominational beliefs?

Are you capable of teaching a Bible class? _____ If Yes, what would be your subject preferences?

To what extent do you believe you should become involved in Sunday and other weekday ministries of the church of which you are a member?

Devotional Life:

Describe your routine of personal Bible study and prayer:

What books have you read recently that have helped you spiritually?

D. PROFESSIONAL QUALIFICATIONS

Please attach photocopies of all your postsecondary transcripts, training and certifications. Should you be offered a position, official copies of these documents must be provided to the school for inclusion in your personnel file.

FORMAL TRAINING:

High School Diploma: Yes No School: _____ Date: _____
G.E.D. Yes No School: _____ Date: _____

Child Care training courses you have attended or completed: _____

Bachelors Degree: Yes No School: _____ Date: _____
Major: _____ Degree: _____
Minor: _____ GPA: _____

Additional Bachelors Degrees:

Post Graduate Degree: Yes No School: _____ Date: _____
Major: _____ Degree: _____

Colleges, Technical school or other educational institutions attended:

EXPERIENCE WORKING WITH CHILDREN AND / OR TEACHING:

Sequentially list your experience working with children or teaching with most recent first.

Place of Employment / Volunteer Position	Duties	Dates	Reference and phone #
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Tell about 1) any textbook series with which you are familiar 2) textbook series you prefer 3) educational advantages that you have had including opportunities for travel 4) any books or articles that you have read recently that have helped you to grow professionally

CHILDCARE / TEACHING CREDENTIALS :

- Do you have CDA certificate? _____ (yes or no)
- Do you have a TCC certificate? _____ (yes or no)
- Have you had CPR training within the last 2 years? _____ (yes or no)
- Have you had First Aid training within the last 2 years? _____ (yes or no)
- Do you have a current Georgia Para Professional Certification ? _____ (yes or no)
- Are you certified by the county to Substitute? _____ (yes or no)
- Do you have a CDL? _____ (yes or no)
- Do you have an ACSI Teaching Certificate? _____ (yes or no)
 Level: _____ Area: _____
- Do you have a State Teaching Certificate _____ (yes or no)
 Level: _____ Area: _____

CHRISTIAN SCHOOL PREPARATION

- Have you any courses in the Christian Philosophy of Education? _____ (yes or no)
 From where and when?
- Would you be willing to take such a course by correspondence or otherwise? _____ (yes or no)
- Do you understand that you must be willing to participate in training and staff development as a condition of employment and continued employment? _____ (yes or no)
- Have you had other courses giving specific training for Christian Day Care or Schools _____ (yes or no)
 From where and when?

List any conferences or seminars which you have led or participated in recently:

E. PERSONAL REFERENCES

You will need to sign the Reference Release Form and return it with this application. Do not list family members or relatives for references.

A. Give two references who are qualified to speak of your character, spiritual experience, and Christian service. LIST YOUR CURRENT PASTOR FIRST

Name / Complete Address	Phone	Position
1.		
2.		

B. Give three references who are qualified to speak of your professional training and experience. LIST YOUR CURRENT OR MOST RECENT PRINCIPAL OR SUPERVISOR FIRST.

Name / Complete Address	Phone	Position
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1.

2.

3.

F. EMPLOYMENT HISTORY

Have you ever been involuntarily discharged from an employer? _____ (yes or no)

Total years of Teaching Experience: _____ yrs in Christian Schools _____ yrs in Public Schools

Please start with your current or most recent employer and work backwards for the past ten years. If necessary, you may follow the same format on the reverse side if more space is needed.

1. Employer _____ Position _____
Address _____ Dates of Employment _____

Supervisor's name and phone number: _____

Reason for Leaving: _____

2. Employer _____ Position _____
Address _____ Dates of Employment _____

Supervisor's name and phone number: _____

Reason for Leaving: _____

3. Employer _____ Position _____
Address _____ Dates of Employment _____

Supervisor's name and phone number: _____

Reason for Leaving: _____

4. Employer _____ Position _____
Address _____ Dates of Employment _____

Supervisor's name and phone number: _____

Reason for Leaving: _____

5. Employer _____ Position _____
Address _____ Dates of Employment _____

Supervisor's name and phone number: _____

Reason for Leaving: _____

G. APPLICANT'S CERTIFICATION AND AGREEMENT including AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I understand that Lafayette Christian School 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 Lafayette Christian School to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me

and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the job.

I have made application for a position as _____ with Lafayette Christian School and 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 school, 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 the school.

Since I will be working with children, I understand that I must submit to 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 are necessary for such an investigation. I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or to reflect adversely on the school or on me as a Christian role model.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

I am not suffering from any physical handicap or mental disorder, which would interfere with the ability to perform adequately the job duties of providing for the care and supervision of the children in my care.

I have never been shown by credible evidence, i.e., a court or jury, department 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 as evidenced by an oral or written statement to this effect obtained at the time of this application.

I have read the job description for this position and am able in all respects to perform the duties as described.

I agree that a photocopy, facsimile copy or electronic copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I am authorized to work in the United States.

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

Applicant's Name (Print) _____ Date _____

Applicant's Signature _____ Soc Num _____

TROUP COUNTY SHERIFF'S OFFICE
130 SAM WALKER DR
LAGRANGE, GA 30240
SHERIFF JAMES WOODRUFF

CRIMINAL HISTORY CONSENT FORM

I hereby authorize _____ to receive any Georgia Criminal History Record Information pertaining to me, which may be in the files of any state or local criminal justice agency, in Georgia, and request that the same be provided pursuant to this Criminal History Consent Form.

Information of individual for whom information is requested (the "Requestor"):

Full Name Sex / Race

Date of Birth Social Security Number

Address

Signature of Requestor Date

Information of Recipient of information:

Signature of Recipient/Title Date

Name of business, agency or organization (if applicable)

Address of business, agency or organization (if applicable)

Special employment provisions:

1. This report will be used for employment purposes only.
2. Check IF applicable:

- Employment with mentally disabled (M)
- Employment with elderly (N)
- Employment with children (W)

Duration of Consent:

- This authorization is valid for 90/180/___ (circle one) days from the date of signature.
- This authorization is valid for the duration of my employment with this company. My criminal history record information can be accessed periodically, without further consent.

Liability Waiver/Indemnification:

It is understood and agreed that neither the Troup County Sheriff, employees or agents of the Troup County Sheriff, nor Troup County, Georgia and/or its employees, officers or agents, shall be responsible for the accuracy of information disseminated nor have any liability for defamation, invasion of privacy, negligence, nor any other claim in connection with any dissemination pursuant to this request and shall be immune from suit based upon such claims. By signing this consent form, Requestor and Recipient further agree to hold harmless the Troup County Sheriff, all employees of Troup County Sheriff's Office and Troup County its employees, officers and agents from any civil liability of any kind or description.

Results:

The information supplied pursuant to this Criminal History Consent Form is provided based on records maintained by GCIC only. For any questions, pertaining to this form, you may contact Susan Whitley at (706) 883-1616 Ext.252

If an employment, licensing, housing or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide such information is a misdemeanor under Georgia law pursuant to O.C.G.A. §§34-3-24, 34-3-35.

Use of information disseminated shall be limited to the purpose for which it was intended and may not be disseminated further.

DO NOT WRITE BELOW THIS LINE FOR DEPARTMENTAL USE ONLY

- No identifiable record in GCIC
- See attached printout from electronic search of GCIC records
- Positive identification cannot be made, of this subject, without fingerprint comparison

Date

Signature