

The Christian Academy of the Palm Beaches
EMPLOYMENT APPLICATION

Name

Last First Maiden/Middle

Current Address _____

City _____ State _____ Zip Code _____

Cell # _____ E-mail Address _____

Position Desired _____

Are you legally eligible for employment in the United States? Yes _____ No _____

If no, please explain: _____

Date of Birth: ____/____/____

EMPLOYMENT HISTORY

Name: _____

Address: _____

Position Held: _____ Start/End Date: _____

Reason for Leaving: _____

Phone: _____

Name: _____

Address: _____

Position Held: _____ Start/End Date: _____

Reason for Leaving: _____

Phone: _____

Name: _____

Address: _____

Position Held: _____ Start/End Date: _____

Reason for Leaving: _____

Phone: _____

Name: _____

Address: _____

Position Held: _____ Start/End Date: _____

Reason for Leaving: _____

Phone: _____

EDUCATION

School and Location	Dates	Degree or Diploma	Major	Minor
----------------------------	--------------	--------------------------	--------------	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Post Graduate Courses (list courses)

Are you certified? Yes _____ No _____ In what state: _____

ADDITIONAL INFORMATION

Have you ever been terminated from a job, teaching or other? Yes _____ No _____

If Yes, please explain: _____

Have you ever not had your teaching contract renewed? Yes _____ No _____

If Yes, please explain: _____

Have you ever been accused or convicted of molesting children?

Yes _____ No _____

If Yes, please explain: _____

Have you ever been convicted of a criminal offense?

Yes _____ No _____

If Yes, please explain: _____

Has an investigation been conducted or was one pending at the time of separation from any prior employment?

Yes _____ No _____

If yes: explain _____

Please attach a brief profession of your Christian faith, the growth and development of your faith, and your present walk.

Denominational preference: _____

REFERENCES

List the name of three (3) persons not related to you and not former employers, who have known you for at least five (5) years. All persons whom you refer will be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____ **Phone:** _____

Business/Occupation/Profession: _____ **Years Known:** _____

Name: _____ **Phone:** _____

Business/Occupation/Profession: _____ **Years Known:** _____

Name: _____ **Phone:** _____

Business/Occupation/Profession: _____ **Years Known:** _____

Non-Discriminatory Policy: *It is and shall be the policy of The Christian Academy of the Palm Beaches in the admission of students and in the hiring of employees, not to discriminate on the basis of the applicant's race, color, sex or national or ethnic origin. (You may waive the right to answer any questions under the heading of Personal Information.)*

Please email completed application, profession of Christian faith, and resume to: christianacademypb@gmail.com

Signature of Applicant

I affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. Should any investigation disclose any misrepresentations or falsifications, omissions, or concealment of material fact, I am aware that my application may be rejected and my name removed from any eligibility list. If already appointed, I may be dismissed. I understand that if and when my social security number is requested it will be used by The Christian Academy of the Palm Beaches for the purposes of verifying payroll eligibility, processing employment benefits, conducting applicant and employee background checks, and reporting income and will be used solely for these purposes.

OFFICIAL BACKGROUND CHECK

REASON FOR BACKGROUND CHECK: Employment

I hereby authorize The Christian Academy of the Palm Beaches to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

PLEASE PRINT CLEARLY

Full Legal Name:						
Last:		First:			Middle:	
Maiden Name:				Nickname:		
Street Address:				Daytime Phone:		
City:		County:		State:	Zip:	
Date of Birth:	Month	Day	Year	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number:						

Signature of Applicant / Volunteer

Date

The Christian Academy of the Palm Beaches

STATEMENT OF FAITH

I believe:

1. God is the Creator and Sustainer of all things and is the Source of all Truth.
2. God is Sovereign and maintains control over His entire universe. He is omnipotent.
3. The one living and true God exists eternally in three persons - Father, Son, and Holy Spirit.
4. God has revealed Himself in a general way in His world and universe, and in a specific way in the Scriptures of the Old and New Testaments.
5. The Bible is the inspired Word of God, the only inerrant and infallible rule of faith and practice.
6. In the deity of our Lord and Savior Jesus Christ, in His sinlessness, in His miracles, in His vicarious atonement by the shedding of His blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His return in power and glory.
7. All individuals are lost in sin apart from Jesus Christ, and that the only way of salvation is through faith in Jesus Christ enabled by the Holy Spirit.
8. Salvation is by God's grace alone and that Christ's vicarious atonement on the cross secured our salvation.

Signature of Applicant

*Your signature signifies your understanding and agreement of the above Statement of Faith.