



Application for Employment

Building Leaders for Christ

Date Received _____

Method Received _____

Response Letter Date _____

Interview Date _____

Applicant Information

Name _____ Preferred Name _____

Social Security Number _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Are you 18 years or Older? Yes No

Email Address _____

New Employment Process

- Attach Resume & Copy of College Transcript
- Attach a copy of any certifications
- Submit Application
- Applicant will normally receive written notification from PCCA
- If necessary, additional information may be required
- If approved, applicant will receive an interview with appropriate staff
- If approved, applicant will be required to submit to a background check and potentially a drug test
- Upon approval and passing all background checks, applicant will receive notification of employment & contract

Desired Employment: Please place a 1-4 in order of desired placement.

___ Grammar School (K-4th)

___ Logic School (5th-8th)

___ Rhetoric School (9th-12th)

___ Administration

Electives Only (Specify): _____

List Specific Courses You are Interested in Teaching: _____

Date you can start at Providence Academy? _____

Education

High School:

Name of School: _____

City: _____ State: _____

Did You Graduate? _____ Year Diploma Received: _____

College (Undergraduate):

Name of School: _____

City: _____ State: _____

Did You Graduate? _____ Year Degree Received: _____

GPA: _____

College (Graduate):

Name of School: _____

City: _____ State: _____

Did You Graduate? _____ Year Degree Received: _____

GPA: _____

Other: _____

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List below last three employers, starting with the most recent one first.

Current/ Former Employer

Are you currently employed? _____

Name of Present/Last Employer _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Starting Salary _____ Ending Salary _____ May we contact your supervisor _____

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving _____

Former Employers

Name of Present/Last Employer _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Starting Salary _____ Ending Salary _____ May we contact your supervisor _____

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving: _____

Former Employers

Name of Present/Last Employer _____

Address _____ City _____ State _____ Zip _____

Starting Date _____ Leaving Date _____ Job Title _____

Starting Salary _____ Ending Salary _____ May we contact your supervisor _____

Name of Supervisor _____ Title _____ Phone _____

Description of Work _____

Reason for Leaving: _____

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Background Information

Please list all *certifications* (education, trade, associations) current or expired that you hold:

Have you ever been convicted of a felony or misdemeanor? _____ If yes, please explain on a **separate document**.

Have you ever been accused of, participated in, or been convicted of sexual misconduct? _____

Have you been terminated with any company or from any position? _____ If yes, please explain

Please describe any serious illnesses that you currently are experiencing or have experienced in the past that could interfere with your ability to perform the job description.

If you have taught or instructed at a school in the past, have you ever had your contract not renewed for any reason? _____ If yes, please explain _____

References

Personal Reference:

Name _____ Email Address _____ Phone _____ How Long _____

Professional Reference:

Name _____ Email Address _____ Phone _____ How Long _____

Professional Reference:

Name _____ Email Address _____ Phone _____ How Long _____

Professional Reference:

Name _____ Email Address _____ Phone _____ How Long _____

Church Membership Currently At _____ How Long _____

Describe Involvement and activities at Church _____

Church Pastor:

Name _____ Email Address _____ Phone _____ How Long _____

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Personal Information

On a separate document, please provide your personal testimony of faith. PCCA may review any and all public social media profiles.

Please describe your philosophy of Christian Education: _____

How do you promote Christian values in your home _____

Professional Organizations/Hobbies/Activities

Statement of Faith

Are there any points of the PCCA Handbook which are inconsistent with you? _____ If yes, please explain _____

Service Record

Branch of Service _____ Discharge Date _____

Rank _____ Honorable Discharge Yes No

If No, please explain _____

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Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, Falsified statements on this application shall be grounds for dismissal and criminal prosecution.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release Providence from all liability for any damage that may result from utilization of such information."

Signature _____ Date _____

Do not write below this line

Office Comments

Interviewed by _____

Date _____

Comments _____

Do not write below this line

Office Comments

Interviewed by _____

Date _____

Comments _____

Student Non-Discrimination Policy

Providence Classical Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students of the school. It does not discriminate on the basis of race, color, gender, national and ethnic origin in the administration of its educational policies, admissions policies, financial assistance, athletics, or any other school administered programs.

Staff Non-Discrimination Policy

Providence Classical Christian Academy does not discriminate on the basis of race, color, gender, national and ethnic origin in the administration of its hiring process.

Mail Information to: Providence Academy, P.O. Box 173, Lowell, AR 72745



Providence Classical Christian Academy

AUTHORIZATION FOR INVESTIGATIVE REPORT

I understand that Providence Classical Christian Academy, a private K-12 school, will request a criminal background check through National Crime Search, Inc. (NCS). I further understand that neither Providence Classical Christian Academy nor NCS may give out information about me to anyone without my written consent. The report may contain a record of arrests and/or convictions for violations of any federal, state, local statutes or ordinances. I forever release, absolve, and indemnify to the fullest extent allowed by law Providence Classical Christian Academy, NCS, its affiliates, and all providers of information for releasing and obtaining any information arising from any and all sources.

I hereby authorize Providence Classical Christian Academy and NCS to obtain a criminal background report. I have read and understand the above statements and hereby give my express permission to complete this investigation.

_____	_____		
Signature	Today's Date		
_____	_____		
Full Legal Name (please print)	Aliases (please print)		
_____	_____		
Address	City/State	Zip	
_____	_____	_____	
Date of Birth	SSN	Driver's License #	State issued