APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Application Date:			
Name:			
Last	First	Middle	
Address:		and the second s	
Best Phone:	Email:	City/State: Zip	
THU			
Position(s) Applying For:			
Department (check all that may ap	oply)		
Substitute Teacher	Early Learning (Pre	eK/Kindergarten)	-4 th)
☐ Intermediate (5 th & 6 th)	Junior High (7th & 8	8 th) High School (9 th – 12 th))
I am interested in: Full-Time	ne Part-Time Sala	ary Desired:	
Date Available For Employment		Days Available:	
Have you previously applied at o	r worked for Fellowship A	Academy? Yes	No
If yes, list date(s):			
Why are you applying for work a	at Fellowship Academy?		
How did you hear about our scho	ool?		
If hired, would you have a reliab	le means of transportation	on to and from work?] No
Are you at least 21 years old? (If under 21, hire is subject to verif	ication that you are of mini	☐ Yes ☐	No
If hired, can you present evidence right to live and work in this course.		or proof of your legal] No
Are you able to perform the esser applying, either with or without	•] No
If no, describe the functions t	that cannot be performed:	l:	
•	•		

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for the eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.

Have you ever	been convicted of a crim	minal offense (felony or serious misdemeanor)?
If yes, state	nature of the crime(s), w	when and where convicted, and disposition of the case:
STATE OF	APPLICANT'S CH	HRISTIAN FAITH
perspective. Ple	ase take a moment to ans	nistry, we are concerned that our employees be committed to Christ swer the following questions, which will help us evaluate your vironment and focus at Fellowship Academy.
Are you curren	lly attending church?	☐ Yes ☐ I
If yes, what	is the name of your chu	urch?
Pastor's N <mark>a</mark>	me & Contact Informati	tion:
n what ways ar	e you involved in your c	church and/or other Christian organizations?
) /		
In some detail, o	describe your Christian	walk and background and how you came to faith in Jesus Chri
		F - 2000
		EST. 2000
	AO	ADTAY
		ADIO
EDUCATIO	N, TRAINING AN	ND EXPERIENCE
	, 	
High School	Name	Address City, State, Zip
,	Years Completed:	Graduated

University	Name	Address	City, State, Zip
	Years Completed:	Graduated Yes No	Diploma/Degree
	Course of Study:		
Other Profession	nal Certificates or Training:		
	Name	Address	City, State, Zip
	Years Completed:	Graduated Yes No	Diploma/Degree
			ПП
TEACHIN	G APPLICANTS		
Do you have E	Carly Childhood Education Tra	ining?	☐ Yes ☐ No
If yes,	list classes completed (attach ce	ertificates and transcripts)	
_			
Do vou have a	teaching certification?		☐ Yes ☐ No
		Issue	Date:
Турс.			
~	t: Yes No State	e or Organization:	
Curren			
	ther teaching Endorsements?		☐ Yes ☐ No
	7 -		☐ Yes ☐ No
Do you have o	7 -		☐ Yes ☐ No
Do you have o	7 -	T. 2000	☐ Yes ☐ No
Do you have o	7 -	ST. 2000	☐ Yes ☐ No
Do you have o	ther teaching Endorsements?	ST. 2000	☐ Yes ☐ No
Do you have o	7 -	T. 2000	☐ Yes ☐ No
Do you have o List:	ther teaching Endorsements? MENT HISTORY and past employment starting w	ith your most recent employees if percent	Yes No
Do you have o List:	ther teaching Endorsements? MENT HISTORY	ith your most recent emploages if necessary.	
Do you have o List:	MENT HISTORY and past employment starting was a resume. Attach additional property and past employments are starting was a resume.	pages if necessary.	oyer. Please complete this section
Do you have o List:	ther teaching Endorsements? MENT HISTORY and past employment starting w	pages if necessary.	
Do you have o List: EMPLOYN List all present even if attachin Employer:	MENT HISTORY and past employment starting was a resume. Attach additional property and past employments are starting was a resume.	pages if necessary. Phone Nun	oyer. Please complete this section

Dates of Employment: to	Weekly Pay: Start	End
Position:		
Duties:		
Reason for Leaving:		
	ATO	
May we contact this employer for a reference?	MSHI	Yes No
		4
Employer:	Phone Number:	
Address	City, State, Zip	
Supervisor's Name:	Type of Business:	
Dates of Employment: to	Weekly Pay: Start	End
Position:		
Duties:		
Duties:		
Reason for Leaving:		
Reason for Deaving.		
May we contact this employer for a reference?		Yes No
OFFICE SKILLS / OTHER QUALIFICAT	TONS (if applicable)	
Computer applications/programs or learning platforms	s in which you ha <mark>ve dem</mark> onstrated	l proficiency:
ACAD	TANK	
	I VI	
Special skills/qualifications acquired from employment	, military service or other experie	ence (summarize):
If bilingual, please list languages that you can read, wri	te or speak fluently:	

REFERENCES

List three persons <u>not related to you</u> who have knowledge of your work performance within the last three years.

Name: _		Best Phone:
Email Ad	ddress:	
Occupation	tion:	Years Acquainted:
	- TOTAT	OT
	TILLIVV	MIN
Name: _		Best Phone:
Email Ad	ddress:	
Occupation	tion:	Years Acquainted:
Name: _		Best Phone:
Email Ad	ddress:	
Occupation	tion:	Years Acquainted:
READ C	CAREFULLY, INITIAL EACH PARAGRAPH A	ND SIGN APPLICATION
	I hereby certify that I have not knowingly withheld any information employment and that the answers given by me are true and corthat I, the undersigned applicant, have personally completed the misstatement of material fact on this application or on any doc for rejection of this application or for immediate discharge if I discovery.	rect to the best of my knowledge. I further certify his application. I understand that any omission or ument used to secure employment shall be grounds
	I have read the Fellowship Academy Statement of Faith at Academy holds and teaches in the classroom and in the Bible member must subscribe to and teach these truths.	
	I hereby authorize Fellowship Academy to thoroughly invest other matters related to my suitability for employment and furth to the company any and all letters, reports and other informat prior notice of such disclosure. In addition, I hereby releas persons, corporations, partnerships and associations from any or in any way related to such investigation or disclosure.	ner, authorize the references I have listed to disclose ion related to my work records, without giving me e the school, my former employers and all others
	I understand that nothing contained in the application, or conveduring my employment, if hired, is intended to create an e Academy. In addition, I understand and agree that if I am determinable period and may be terminated at any time, with o or Fellowship Academy, and that no promises or represen Fellowship Academy unless made in writing and signed representative.	employment contract between me and Fellowship employed, my employment is for no definite or r without prior notice, at the option of either myself tations contrary to the foregoing are binding on

	Should a search of public records (including records documenting an arrest, indictment, conviction, civil, judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by Fellowship Academy, I am entitled to copies of any such public records obtained by Fellowship Academy unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
	☐ I waive receipt of a copy of any public record described in the paragraph above.
	Date Date
	Applicant Signature/E-Signature
Tl	HANK YOU FOR YOUR INTEREST IN FELLOWSHIP ACADEMY!
7	
	EST. 2000
	ACADÉMY