



**VERDE CHRISTIAN
ACADEMY**

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A MINISTRY OF VERDE COMMUNITY CHURCH

Teacher Application

CHRISTIAN EDUCATION FOR STUDENTS PRESCHOOL THROUGH EIGHTH GRADE

APPLICATION FOR EMPLOYMENT

Your interest in Verde Christian Academy is appreciated. We invite you to complete the following application and return it to the school office as soon as possible. If an opening occurs for which it appears you are qualified, a personal interview will be arranged.

Thank you,

Dr. Justin Hartman
VCA Principal

Date _____

Last

First

Middle

How did you hear about VCA?

- Website/newspaper _____
- Family/Friend Name _____
- Other _____

An application for employment is considered complete with the submission of the following:

- Letter of interest
- Current Résumé
- Biography & Testimony
- Official Transcripts
- Completed Application
- Copy of Arizona Licensure, ACSI Licensure or proof of eligibility to obtain licensure

Phone:
928.634.8113

E-mail:
Info@myvcacademy.com

Web:
www.myvcacademy.com

VCA is an Equal Opportunity employer. We do not, and will not, discriminate against any qualified applicant on the basis of race, sex, age, national origin, disability or any other status protected by federal, state or local laws unless a particular status protected by federal, state, or local laws contradicts the deeply held religious convictions of Verde Christian Academy.



PERSONAL INFORMATION AND CHRISTIAN EXPERIENCE

PERSONAL INFORMATION

Date of Birth _____ Social Security Number _____

Mailing Address _____

Physical Address _____
Street Number *City* *State* *Zip*

Cell Phone (_____) Home Phone (_____)

E-mail _____

FAMILY INFORMATION

Marital Status: Married Single Widowed Divorced

Children

Name	Age	School

CHURCH / FAITH INFORMATION

How long have you been a Christian? _____

Of what church are you a member? _____

To what capacity are you involved at your church? _____

Please give your definition of a Christian. _____

Why are you interested in working in a Christian school? _____

What do you believe is the unique function of the Christian elementary school program? _____



EDUCATION/SELECTIVE REGISTRATION

EDUCATIONAL PREPARATION

(List names of colleges attended in chronological order. "See Résumé" is not sufficient.)

SCHOOL ATTENDED	FROM/TO	COURSE OR MAJOR	DEGREE	SEMESTER UNITS

CERTIFICATION

Do you hold an Arizona Teaching Certificate? Yes No ACSI Certification? Yes No

Type _____

Are you certified in another state? Yes No

If yes, what state? _____ Type _____

SELECTIVE SERVICE REGISTRATION

(In compliance with Arizona HB 2193)

Are you required to register with the Selective Service System? Yes No

If yes, please state the place of registration indicating the following:

City _____ State _____ Local Board Number _____

Selective Service Number _____



IMMUNIZATION & PHYSICAL RECORD

IMMUNIZATION RECORD

Arizona State Department of Health Services regulations require an immunization record for each school employee. It shall be a condition of employment that the employee provide the administrator with proof of immunization for Rubella and Rubeola unless the employee falls within one of the following exceptions:

- Born prior to January 1, 1942. If so, you are exempt from this requirement.
- Born after January 1, 1942, but prior to January 1, 1957. If so, you must provide documentation of Rubella (German Measles) immunity.
- Born on or after January 1, 1957. If so, you must provide documentation of Measles (Rubeola) immunity and Rubella (German Measles) immunity.

PHYSICAL RECORD

Are you in good health? Yes No

Do you have any disabilities or chronic health problems? Yes No

If yes, please explain: _____

Please check which of the following you have problems with: Hearing Vision Speech None

In case of emergency, please contact:

Name _____
Last *First* *Middle*

Address _____
Street Number *City* *State* *Zip*

Cell Phone (_____) _____ Alternate Phone (_____) _____



POLICY/STATEMENT OF FAITH

POLICY AND UNDERSTANDING

I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from employment. It is my understanding that the Verde Christian Academy will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation and the giving and receiving of any information requested, and I release from liability any person giving or receiving any such information.

I understand that falsification of data or giving of other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I further understand that this is an application for employment and that no employment contract is being offered or implied.

Signature

Date

STATEMENT OF FAITH

The following is the Statement of Faith of Verde Christian Academy. If it is the statement of your basic Christian convictions also, please indicate this by your signature. If at any point you disagree, please state your viewpoint. (Use an additional sheet of paper if necessary.)

STATEMENT OF FAITH

1. We believe the Bible is the inspired, infallible and authoritative Word of God
2. We believe in one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in: the deity of the Lord Jesus Christ, His virgin birth, His sinless life, His ascension into heaven to sit at the right hand of the Father and His personal and visible return in power and glory.
4. We believe the salvation is entirely by the grace of God through faith in the substitutionary death and resurrection of Jesus Christ, His Son.
5. We believe that regeneration by the Holy Spirit is necessary for the salvation of lost and sinful men.
6. We believe in the present ministry of the Holy Spirit by whose grace and indwelling the Christian is enabled to live a Godly life.
7. We believe in Heaven and Hell; that Heaven is a place of eternal life and bliss with our Savior, the Lord Jesus Christ, and that Hell is a place of eternal death and separation from God for those who have rejected His Son
8. We believe that marriage is an institution designed by God for one man and one woman. We believe that all sexual activity occurs only within this design.
9. We believe in the spiritual unity of all believers in the Lord Jesus Christ, all of whom are joined in His body, the Church.

AGREEMENT WITH STATEMENT OF FAITH

Signature

Date



EXPERIENCE

PROFESSIONAL EXPERIENCE

Please list all FULL TIME teaching positions, public or private. (Use additional paper if necessary)

Name of School _____ Phone (_____) _____

Address _____ City, State, Zip _____

Grade or Subject _____ Dates: From _____ To _____

Reason for Leaving _____

Name of School _____ Phone (_____) _____

Address _____ City, State, Zip _____

Grade or Subject _____ Dates: From _____ To _____

Reason for Leaving _____

Name of School _____ Phone (_____) _____

Address _____ City, State, Zip _____

Grade or Subject _____ Dates: From _____ To _____

Reason for Leaving _____

Name of School _____ Phone (_____) _____

Address _____ City, State, Zip _____

Grade or Subject _____ Dates: From _____ To _____

Reason for Leaving _____

OTHER EXPERIENCE

Please list employment other than teaching, or any special training

Employer _____ Phone (_____) _____

Type of Work _____ From/To _____

Employer _____ Phone (_____) _____

Type of Work _____ From/To _____

Employer _____ Phone (_____) _____

Type of Work _____ From/To _____

Employer _____ Phone (_____) _____

Type of Work _____ From/To _____



REFERENCES

REFERENCES

Please give names and complete addresses of people, not related to you, who are familiar with your personality, character, and work performance.

PASTOR REFERENCE

Name _____ Church _____

Phone (_____) _____ E-mail _____

Address _____ Years Known _____
Street Number City State Zip

PERSONAL REFERENCE

Name _____ Business _____

Phone (_____) _____ E-mail _____

Address _____ Years Known _____
Street Number City State Zip

PROFESSIONAL REFERENCE

Name _____ Business _____

Phone (_____) _____ E-mail _____

Address _____ Years Known _____
Street Number City State Zip

Name _____ Business _____

Phone (_____) _____ E-mail _____

Address _____ Years Known _____
Street Number City State Zip

Name _____ Business _____

Phone (_____) _____ E-mail _____

Address _____ Years Known _____
Street Number City State Zip