



**VERDE CHRISTIAN  
ACADEMY**

# **VERDE CHRISTIAN ACADEMY**

**A MINISTRY OF VERDE COMMUNITY CHURCH**

*Dr. Justin Hartman, School Administrator*

## **Staff Application**

CHRISTIAN EDUCATION FOR STUDENTS PRESCHOOL THROUGH 12TH 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,

Justin Hartman  
VCA Administrator

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 Resume
- Biography & Testimony
- Completed Application

Phone:  
928.634.8113

E-mail:  
[Info@myvcacademy.com](mailto:Info@myvcacademy.com)

Web:  
[www.myvcacademy.com](http://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

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### PERSONAL INFORMATION

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

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### FAMILY INFORMATION

Marital Status:  Married  Single  Widowed  Divorced

Children

Name	Age	School

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### 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? \_\_\_\_\_



## SELECTIVE REGISTRATION/IMMUNIZATION/RECORD

### 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 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.

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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.

### DOCTRINAL STATEMENT

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Signature

Date

On a separate sheet of paper write about your conversion experience and attach it to this document.



## EXPERIENCE

### PROFESSIONAL EXPERIENCE

Please list last 10 years of employment starting with the most recent. (Use additional paper if necessary)

Name of Company \_\_\_\_\_ Phone (\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Dates: From/To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone (\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Dates: From/To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone (\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Dates: From/To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone (\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Dates: From/To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone (\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Dates: From/To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_ Phone (\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Dates: From/To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_



## REFERENCES

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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

