



## Certified Position Employment Application

### Central Arkansas Christian School

#1 Windsong Drive

North Little Rock, AR 72113

501-758-3160 | CACMustangs.org

#### APPLICANT INFORMATION

Date:	Certification:	
Last Name:	First:	Middle:
Social Security Number:	Date of Birth:	
Present Address:		
Permanent Address:		
Email Address:	Daytime Phone:	Cell Phone:

#### EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Do you hold a current Arkansas teacher's certificate? If yes, in what areas? Expiration date?

If no, have you applied for an Arkansas teacher's certificate? If yes, what areas?

Are there any extracurricular activities you would be interested in?

Please attach copies of any certificates held.

#### PERSONAL INFORMATION

Church Preference:	Congregation:
Are you a faithful member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In what church activities are you involved and with what degree of regularity?	

Are you capable of teaching a Bible class?  Yes  No If yes, what would be your subject preferences?

**PERSONAL INFORMATION**

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Name of Spouse:	
Children:	Age:	Member of church?

Have you ever been arrested, indicted or convicted for law violations? If so, please explain.

Have you ever been dismissed from a job?  No  Yes If yes, please explain.

**EDUCATIONAL PREPARATION**

Name & Address of College	Degrees or Semester Hrs.	Dates Attended	Major	Minor

**EMPLOYMENT EXPERIENCE**

Employer:	Supervisor:	
Address:		Phone:
Dates of Employment:	Position:	
Employer:	Supervisor:	
Address:		Phone:
Dates of Employment:	Position:	
Employer:	Supervisor:	
Address:		Phone:
Dates of Employment:	Supervisor:	

**STUDENT TEACHING EXPERIENCE**

Cooperating Teacher:	School and Phone Number:
Grade:	Dates:

## REFERENCES

List names and addresses of four persons who can supply personal and professional references:

Educator	(Street)	(City)	(State) (Zip)	(Phone)
Minister	(Street)	(City)	(State) (Zip)	(Phone)
	(Street)	(City)	(State) (Zip)	(Phone)
	(Street)	(City)	(State) (Zip)	(Phone)

Are you related to any member of the board of directors, administration, faculty, staff or any other person connected with Central Arkansas Christian Schools (either by blood or marriage)? If yes, please describe the nature of the relationship.

If applicable, please send an official transcript of college work, both undergraduate and graduate, to be filed with this application.

*Central Arkansas Christian Schools' mission is to partner with parents to provide a distinctively Christian education that inspires excellence, independence, and a transforming faith in God. As a result, the Board of Directors has established a Statement of Faith that presents the beliefs, principles, and world view that the administration, faculty, and staff must hold in common to accomplish our mission. Our Community Covenant implements the Statement of Faith with standards of personal conduct to which each employee must commit. In order to be considered for employment, applicants must affirm that their own faith and beliefs and standards and principles of conduct are consistent with the attached Statement of Faith and Community Covenant.*

On the basis of the above information, I hereby apply for a position with Central Arkansas Christian Schools, Inc. I certify that all of the information provided is correct and up-to-date.

Signed:

Date:

\*\*\*\*DO NOT WRITE ON THIS PAGE\*\*\*\*

**INTERVIEW INFORMATION**

Interviewer	Date	Comments
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1.

2.

**REFERENCE CHECK**

Name of Reference	Results of Check
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**DISPOSITION**

- No position available; application placed on file for future reference.
- Applicant not accepted for position at present time; application placed on file for future reference.
- Applicant offered position, but refused employment.
- Applicant offered position and accepted.

**ASSIGNMENT**

Position	Date Hired	School Year	Salary	Supervisor
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Comments:

**AUTHORIZATION TO RELEASE INFORMATION**

I have applied for a position as a \_\_\_\_\_ with Central Arkansas Christian Schools. I authorize CAC to thoroughly investigate references, work records, evaluations, education and other matters related to my suitability for employment.

I authorize references and my former employers to disclose to CAC any and all employment records, performance reviews, letters, reports and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Central Arkansas Christian Schools, my former employers, references and all other parties from any and all claims, demands, or liabilities arising out of, or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Central Arkansas Christian Schools.

I have carefully read and do understand the above statements.

Applicant's Name (Print):

Applicant's Signature:

Applicant's Social Security Number:

Date: