Kingdom Connection Academy

Employee Application

EMPLOYEE INFORMATION:

Name: (first, middle, last)

_____

Full Address:

_____

Phone no: _____ Email: _____

Male: _____ Female: _____ Single: _____ Married: _____

Social Media links(optional)

_____

Position applying for: _____

Are you legally eligible to work in the U.S.A.? Yes/No

EDUCATION:

Do you have a high school diploma or a GED? Yes/No

College(s) Attended: Dates (from to) Degree Earned:

1._____

2._____

3._____

Are you certified/licensed in Ohio? Yes/No Certification/License no. _____

(Please include a copy of your certificate/license with this application)

List any special qualifications or skills you have that relate to desired position: _____

_____

_____

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PREVIOUS EMPLOYMENT/PROFESSIONAL EXPERIENCE: start with your current or most recent

Company Name: Position Held: Dates of Employment: (from-to) Supervisor's Name/Contact #

(Please include a copy of your resume with this application)

PROFESSIONAL QUALIFICATIONS:

Where did you graduate from high school?

List and describe any informal or formal Bible training that you have had?

What grade level did your student teach in? _____

How many years have you been teaching? _____

Where did you do your student teaching? _____

List any academic, athletic, or other extra-curricular you have participated in as well as honors you have received:

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List of any memberships that you have in professional organizations:

EDUCATIONAL PHILOSOPHY: (please add attachments to the following questions)

Share your views on the following:

What is your Philosophy of Christian Education?

The Role of the teacher in the Christian school classroom:

The role of parents in the education of their children:

What is your classroom discipline:

Describe what it means to have a Biblical world view:

How do you build a child's self-image:

What is the importance of the Bible in Christian Education?

What three things would you like to accomplish as a Christian Educator?

Please create an attachment with the information below and email the Head of Schools:

1. A brief testimony of your relationship to Jesus
2. A brief description of how you would share the gift of salvation with a child
3. Why are you interested in KCA:

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REFERENCES: please list three

Name: **Relationship:** **Phone #:** **Email:**

Personal:

_____

Professional:

_____

Pastoral:

_____

Local church you attend regularly: _____

Have you ever been convicted of a felony, any form of child abuse or domestic violence? Yes/No
If yes, please explain-

_____

By signing below, I acknowledge that all the information provided is true and verifiable to the best of my knowledge. I also authorize Kingdom Connection Academy to contact my references and verify all the information provided. Any falsification of information will render the application void. ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

Kingdom Connection Academy is committed to providing a non-discriminatory employment environment. KCA will not discriminate based on age, race, color, disability or ethnic origin in the hiring or retention of its certified or non-certified personnel. Equal employment opportunities and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and training.

Signature_____

Date_____

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APPLICATION CHECKLIST

Completed Application

Updated Resume

Recent Picture Attached

College Transcripts Attached (original)

Three Letters of Recommendation (Pastor, Principal/Employer, and Work Associate)

Office use only:

_____ Application completed

_____ Driver's license

_____ Emergency Medical form

_____ Background Check Form

_____ Resume

_____ FBI/BCI

_____ Onboarding Packet (Employee Handbook)

_____ Certification/License

_____OAEE/PRAXIS II scores

_____ signed Statement of Faith

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Background Check Release Authorization

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience along with reasons for termination of past employment. I understand that as directed by The Naz policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If denied employment, I will be informed in accordance with Section 615 of the Fair Credit Reporting Act. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Ohio Department of Labor. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Kingdom Connection Academy, or its agent, to furnish the information described above. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all people, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Date _____ Signature _____

Please print and complete the following:

Print First Name _____ Middle Name _____ Last Name _____

Print other names you have used _____

Current Home Address _____ City _____ State _____ Zip _____ County _____

Previous Home Address (within last 10 years) _____ City _____ State _____ Zip _____ County _____

Previous Home Address (within last 10 years) _____ City _____ State _____ Zip _____ County _____

PLEASE PRINT CLEARLY!!

Social Security Number _____ Date of Birth (to be used for verification purposes only) _____

Driver's License Number _____ State of Issue of Driver's License _____

Full Name as it Appears on Driver's License _____