Augusta Christian Schools
313 Baston Road
Martinez, GA 30907

NON-INSTRUCTIONAL PERSONNEL APPLICATION

This application will be considered only if it has been completed fully and accurately. All applications, resumes, transcripts, letters of reference, placement papers, and verification of employment are a permanent part of the applicant's personnel file and shall not be returned to the applicant or designee.

PLEASE PRINT Date of Application: _____

CONTACT INFORMATION

Full name _____
Last First M.I.

Current address_____
Number & Street City & State Zip Code

Daytime Phone: _____ Evening Phone: _____

Email: _____

- Do you have a current valid, unrestricted Driver's License? ___ Yes ___ No
  (A copy of your Driver's License will be requested if hired)

POSITION INFORMATION

Position desired _____

Full Time _____ Part Time _____ Either _____

- What date are you available to start work: _____
- Are you currently employed?_____
  - If yes, may we contact your employer? ___Yes ___No
  - What is your present position?_____
  - Current Salary: _____

PERSONAL INFORMATION

Please list your previous employment experience, beginning with the most recent: If you need additional space, please continue on a separate sheet of paper.

Employer	Position	Salary	Reason for leaving	From Date	To Date

* Have you ever filed an application with us before? ___Yes___No

* Have you even been employed with us before? ___Yes ___No
If yes, give dates: _____

*Have you ever been suspended without pay, or dismissed from employment or resigned while an investigation was in progress for possible disciplinary action? ___Yes ___No

* Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, or entered a pre-trial intervention program for a misdemeanor or felony criminal charge, or are there currently any criminal charges pending against you? If yes, please explain on a separate sheet and attach to this application. Yes___ No__

CHRISTIAN BACKGROUND

- **On a separate sheet of paper briefly give your Christian testimony.**
- Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, conduct and truth?

  Yes _____ No_____
- Name and address of church you attend: _____
- Are you a member? Yes ____ No ____ Number of years? ____ Pastor's Name _____
- What church activities and/or service are you involved in and with what degree of regularity?_____

  _____
- Describe your routine of personal Bible study and prayer:

  _____

  _____

  _____

  _____

PERSONAL PHILOSOPHY

Please answer the following questions:

1. Why do you want to work in a Christian school, and specifically at Augusta Christian Schools?

2. What does a Christian worldview mean to you?

LETTERS OF REFERENCE

Give three references that are qualified to speak of your spiritual and professional qualifications. Do not list family members or relatives as references. **Indicate (P) for professional or (S) for spiritual reference.**

Name	Complete Address	Phone (with area code)	**P / S**

DECLARATIONS

Indicate your response to each question by marking the appropriate box.	**Yes**	**No**
If hired, can you show proof of authorization to work in the United States?		
Can you perform the essential functions of the job for which you are applying		
Can you work the hours required for the job?		
In the event of an offer to be a job at Augusta Christian Schools would you be willing to provide fingerprints for background processing if required for the position?		

Applicant's Statement and Authorization Consent for Release of Information

I do hereby agree to forever release and discharge Augusta Christian Schools and/or its contracted background reporting service or agent to now, or at any time while employed, conduct a verification of my: education, previous employment/work history, credit history, workers' compensation injuries, motor vehicle records, contact personal references, require a urine specimen to be tested for the presence of drugs or alcohol, receive any criminal history information pending, closed, or sealed pertaining to me that may be in the files of any federal, state, county, or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable state laws. The results of this verification process will be used to determine employment eligibility. All results are CONFIDENTIAL and as such will only be available to responsible staff and/or ministry leaders on a need to know basis relative to the selection of the most qualified candidate.

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

I understand and acknowledge that any employment with Augusta Christian Schools is verified by a signed contract. Augusta Christian Schools does not offer or imply any conditions of tenure in their contracts. All contracts are for one school year.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations governing the ethical, moral, and religious values of this organization.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should contact the Office of the Headmaster to reinstate the application.

Applicant's Signature: _____ Date:

Sexual Misconduct/Child Abuse Statement

To properly protect our children, all those serving in ministry capacities involving children or youth should provide the following information. Please sign and date your response. All responses are confidential.

During your lifetime, have you ever been accused of child molestation, child abuse, assault, lewdness, or sex offenses of any nature?

Yes No

If yes, please explain the nature of the accusation, charge or conviction.

_____

_____

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have read and do understand the above statements.

Applicant's name (please print): _____

Applicant's signature: _____ Date: _____