



# LITTLE ROCK CHRISTIAN ACADEMY

# SUBSTITUTE EMPLOYMENT APPLICATION

Please return completed form to:  
Employment Office  
Little Rock Christian Academy  
19010 Cantrell Road  
Little Rock, AR 72223

Date \_\_\_\_\_

Grade Level: (circle one) EL MS HS

Date Available \_\_\_\_\_

## PERSONAL DATA:

Miss \_\_\_ Mrs. \_\_\_ Mr. \_\_\_ Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

How long at this address? \_\_\_\_\_ months/years Email address \_\_\_\_\_

Single \_\_\_ Engaged \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Widow(er) \_\_\_

Spouse's Name \_\_\_\_\_ Please attach explanation if separated, divorced or remarried.

Have you ever been dismissed, resigned to avoid being dismissed, or been asked to resign from a position? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

Have you ever been convicted of any offense involving dishonesty, breach of trust, child abuse, moral turpitude or any felony? Yes \_\_\_ No \_\_\_

If yes, explain \_\_\_\_\_

## EDUCATION DATA:

Name of High School \_\_\_\_\_ Location \_\_\_\_\_

Date Diploma Issued \_\_\_\_\_

Business College \_\_\_\_\_

Name of College/University \_\_\_\_\_

Dates of attendance \_\_\_\_\_ Degree and date \_\_\_\_\_





# DOCTRINAL STATEMENT

Please carefully read our Doctrinal Statement and indicate below your degree of support.

A. We believe that the Bible, consisting of 66 books of the Old and New Testaments, verbally inspired, free from error in doctrine, fact and ethic, and inerrant in the original writings, is the Word of God and the only infallible and authoritative rule of faith and practice.

B. We believe in the Holy Trinity, one God eternally existent in the three persons – Father, Son, and Holy Spirit – the same in substance, equal in power and glory

C. We believe in the Deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death, His bodily resurrection, His ascension to the right hand of God the Father, and His personal physical return in power and glory.

D. We believe that God created man in His own image but that through sin, man brought upon himself and his posterity not only physical death, but also spiritual death which is separation from God; that all human beings by physical birth possess a sinful nature.

E. We believe that the salvation of lost and sinful man is a free gift of God's grace apart from works, based solely upon Christ's vicarious and atoning death, effected by the regenerating work of the Holy Spirit, and received by trusting in Christ's finished work on the cross, and that this salvation is eternally secured to all believers.

F. We believe in the present ministry of the Holy Spirit, by Whose indwelling upon salvation the Christian is enabled to live a godly life; that it is incumbent upon every believer to walk worthy of his calling – to walk after the Spirit and not after the flesh.

G. We believe in the resurrection of the body of both the saved and the lost – they that are saved to the resurrection of life everlasting and they that are lost to the resurrection of eternal damnation.

H. We believe in the spiritual unity of believers in the Lord Jesus Christ.

I fully support the Statement as written without mental reservations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I support the Statement except for the area(s) listed and explained below. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT:

I understand that this school does not discriminate in its employment practices against any person because of age, race, color, national or ethnic origin, gender, or handicap. I further understand that any offer of employment is conditioned on the proof of legal authority to work in the U.S. as well as conditioned on the results of pre-employment drug screening.

I also recognize, understand, and adhere to the moral and ethical standards and mandates of this school. I further declare that with regard to my personal moral and ethical character and conduct as of this date, I am not, nor have been in the past engaged in inappropriate conduct toward minors, nor do I have inclinations toward such conduct. Inappropriate conduct includes the following: homosexuality; verbal, physical or sexual abuse as defined by scripture and state law.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired or if hired may subject me to immediate dismissal.

I authorize this school to inquire about my work and personal history and to verify all data given for employment, related papers, and my oral interviews. I authorize the release and giving of any information requested such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me. Pursuant to this application only, I release any person, organization or company from liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information, whether this information is favorable or unfavorable to me. I further waive the right to ever personally view any references given.

I, the undersigned, affirm the accuracy of all responses set forth in this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Employment Eligibility Verifi

**Please read instructions carefully before completing this form. The instructions must be available during comp of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.**

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following) <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen or national of the United States</li> <li><input type="checkbox"/> A Lawful Permanent Resident (Alien # A_____)</li> <li><input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____</li> </ul>	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if a document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applical
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current emp eligibility.	
Document Title: _____	Document #: _____ Expiration Date (if any): ___/___/___
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee pre: document(s), the document(s) I have examined appear to be genuine and to relate to the individual.</b>	
Signature of Employer or Authorized Representative	Date (month/day/year)



## AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my employment/service with Little Rock Christian Academy (LRCA), I hereby authorize ChoicePoint Services Inc., on behalf of LRCA to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

\* For identification purposes only

## **BACKGROUND VERIFICATION DISCLOSURE**

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

### California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Employer please note: If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

**Attention**  
**Little Rock Christian Academy**  
**Contract Workers**

All contract employees must complete the attached paperwork and include a copy of your driver's license, social security card, and/or birth certificate.

All paperwork and copies must be returned to **Ruby Raine** in the Business Office prior to receiving your first check. No check will be processed without complete paperwork.

**SORRY, NO EXCEPTIONS!**

If you have any questions or need assistance in filling out any of your paperwork, please don't hesitate to call me at 975-3440.

Sincerely,

Ruby Raine  
Accounts Payable

Document Location:  
LRCA Public, Employment Forms

# Little Rock Christian Academy Contract Worker Agreement

Little Rock Christian Academy agrees to pay...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

as a contract worker to perform duties on an as needed basis, as determined by the school. Under this agreement, you will not be eligible for benefits. Taxes will not be withheld from your pay, and a 1099 will be issued at the end of the year as dictated by IRS regulations. Pay will be issued bi-weekly.

Thank you for your contribution to our school. You are needed and very much appreciated.

\_\_\_\_\_  
Contract Worker's Signature

\_\_\_\_\_  
Social Security Number

## Substitute Teacher Application Information

Thank you for your interest in substitute teaching at LRCA. We believe God has given us the minutes, hours, and days we have with each student to focus on pursuing truth from a Christ-centered worldview, and we take this responsibility very seriously. Thus it is critical to us that each substitute teacher be adequately prepared for the important task of making the most of the learning time while at LRCA.

To be considered for substitute teaching at LRCA, please complete this checklist:

1. Print substitute teacher application from website.
2. Copy 2 forms of ID as instructed on application.
3. Bring completed application and copies of ID to Hospitality Center of LRCA – Attention Ruby Raine in Business Office.
4. Background check is obtained by Ruby Raine.
5. Receive email from Ruby Raine that application has been processed.
6. Check out required Substitute Teacher Workshop DVD and notebook from Nancy Greer in EL Office, Kim Smith in MS Office, or Marci Bostwick in HS office and pay with \$10 check made out to LRCA – “substitute application” in memo line.
7. Keep notebook and return completed questionnaire to Nancy Greer in EL Office, Kim Smith in MS office, or Marci Bostwick in HS office. (You are welcome to return or to keep the DVD.)
8. Application/background check/questionnaire is reviewed by principal(s) for consideration/approval.
9. If application is approved - welcome to the LRCA Substitute Teacher Team!