



LITTLE ROCK CHRISTIAN ACADEMY

SUBSTITUTE EMPLOYMENT APPLICATION

Please return completed form to:
Employment Office
Little Rock Christian Academy
P.O. Box 17450
Little Rock, AR 72222-7450

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.

1. I believe that the Bible, made up of 66 books, verbally inspired, and free from error in doctrine, fact and ethic, i.e. inerrant, is the Word of God and the only infallible and authoritative rule of faith and practice.
2. I believe in one Triune God, eternally existent in three co-equal persons - Father, Son and Holy Spirit.
3. I believe in the Deity of our Lord Jesus Christ, in His virgin birth, and in His sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal and physical return in power and glory.
4. I believe that man was created in the image of God but that through sin, he 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 and are therefore actual sinners in thought, word and deed; and that man, as such, is condemned to hell and utterly unable to remedy his lost condition by himself or by ecclesiastical rite.
5. I 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.
6. I believe in the present ministry of the Holy Spirit, by Whose indwelling the Christian is enabled to live a godly life.
7. I believe in the resurrection of both the saved and the lost - they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
8. I believe in the spiritual unity of all 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 Verification

Please read instructions carefully before completing this form. The instructions must be available during completion 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 #

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.	I attest, under penalty of perjury, that I am (check one of the following):
	<input type="checkbox"/> A citizen or national of the United States
	<input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____
	<input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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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 any, of the 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 Gary Ogden	Title Business Manager
Business or Organization Name Little Rock Christian Academy, PO Box 17450, Little Rock, AR 72222	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

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 applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

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 presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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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