



Carolina Christian Academy

P.O. Box 1254
259 Tusquittee St.
Hayesville, NC 28904

Application for Employment

Position Applied For: _____

Name: _____

Address: _____

Home Telephone: _____ Business Telephone: _____

Cell Phone: _____ Email: _____

Number of Children: _____ Ages: _____ Grades in School: _____

Spouse: _____ Occupation: _____

Employer: _____

List all memberships and affiliations (church, community, fraternal, professional, etc.)

Have you ever been convicted of a felony or a crime? _____

List hobbies and interests _____

Employment History: Begin with your most recent position. List all employment with the exception of military since leaving school.

1. _____	_____
Employer Name	Telephone

Address	
_____	Starting Salary \$ _____ per _____
_____	Final Salary \$ _____ per _____

Describe Major Duties: _____

Reason for Leaving: _____

2.

Employer Name	Telephone

Address	

Starting Salary \$ _____	
Final Salary \$ _____	

References:

Please list three references who are qualified to speak of your background, Christian life, and experiences. (Do not include family members or former employers.)

Name	City, State	Telephone	relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Education:

Name & Address	Dates Attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teacher Certification:

Teacher certification now held (type/kind) _____

Date of Certification _____ Expiration Date _____ State Issuing _____

Have you ever had your teaching certificate revoked? _____ Yes _____ No _____

If yes, please explain: _____

Subject of fields covered _____

First choice _____ Second choice _____

Other subject areas in which you feel qualified to teach _____

Spiritual Qualifications:

1. Are you a Born-Again Christian? _____ How Long? _____

2. Please give a brief testimony of how you accepted Jesus Christ as your personal Savior.

3. Denomination Preference: _____

Name of local church: _____

Are you presently a member in good standing? _____

In what church activities are you involved? _____

4. Why are you applying for employment at Carolina Christian Academy? _____

5. What is your concept of Christian education? _____

6. What is the goal or purpose of education? _____

7. Do you believe in Christian education for ALL Christians? Why or why not, _____

8. What is the role of the student in education? _____

9. What is the role of the parent in education? _____

10. What is the role of the teacher in education? _____

11. What is the role of administration in education? _____

12. What is your view of classroom discipline? _____

13. What is your view regarding the Bible? _____

14. What is your view regarding homosexuality? _____

15. What should teenagers be taught regarding pre-marital sex? _____

16. What is your opinion regarding the use of alcohol? _____

17. What is your position concerning abortion? _____

18. In the traditional home, who should be the authority figure? _____

19. What is your view concerning creation? _____

20. Who is Jesus Christ? _____

CERTIFICATION

I hereby certify that all entries on each page of this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Carolina Christian Academy. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions, churches, and pastors listed being contacted regarding this application. I further authorize Carolina Christian Academy to rely upon and use as it sees fit any information received from such contact.

Date: _____ Applicant Signature: _____

Date available for employment: _____

EMERGENCY INFORMATION ON STAFF

NAME: _____

ADDRESS: _____

NAME OF DOCTOR: _____ PHONE: _____

HOSPITAL PREFERENCE: _____ PHONE: _____

NAME OF DENTIST: _____ PHONE: _____

To avoid any adverse drug reaction during an emergency, please list medications you are taking: _____

ALLERGIES: _____

BLOOD TYPE (If known.) _____

LIST OPERATIONS OR HOSPITALIZATIONS WITHIN THE PAST YEAR: _____

LIST CHRONIC MEDICAL PROBLEMS REQUIRING A DOCTOR'S CARE: _____

EMERGENCY CONTACT PERSONS:

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

STAFF HEALTH QUESTIONNAIRE

IMPORTANT: Current health information must be completed annually by all staff, including the director. All volunteers and substitutes who do not come in to contact with the children.

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: _____

HEALTH STATUS:

1. I am in excellent mental and physical health and am free of communicable disease. (If no, please explain.) _____

2. I take the following medications regularly (please explain): _____

This health statement is accurate to the best of my knowledge. I will advise the director if my health status changes.

Signature: _____ Date: _____

*Any substitute or volunteer who is counted in the mandatory staff-child ratio must comply with the health standards for staff.

Staff Health Questionnaire

(To be completed by all staff, substitutes and volunteers and placed in file once per year)

NAME
HOME ADDRESS
TELEPHONE NUMBER

HEALTH STATUS

1. I am in excellent mental and physical health and am free of communicable disease. (If not, please explain)

2. I take the following medications regularly (please explain)

This health statement is accurate to the best of my knowledge. I will advise the director if my health status changes.

Signature _____

Date _____

Criminal Background Check

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY CHECK BE CONDUCTED ON ALL PERSONS WHO PROVIDE CHILD CARE IN A LICENSED OR REGULATED CHILD CARE FACILITY, AND ALL PERSONS PROVIDING CHILD CARE IN NONLICENSED CHILD CARE HOMES, OR FACILITIES THAT RECEIVE STATE OR FEDERAL FUNDS.

****Before you can begin working at Carolina Christian Academy you must have a criminal background check.****

Go to <https://ncchildcarecbc.nc.gov>

All of the instructions to complete this process are on this page. Please watch the videos and read instructions so that the background check can be done correctly the first time.

Clay County Sheriff's Office: You must make an appointment at the in order to get your finger prints made. (828-389-6354)

Cherokee County Sheriff's office – No appointment necessary
(828-837-2521)

Once you are finger printed, please ask for your finger print card so that the school may place it in your file.

Within a week to ten days, you should receive an **email** stating whether you are qualified or not to work with children by the state of North Carolina. Please print the report and bring it to the school so we may place it in your file.