



329 Harmony Church Road, Dawsonville, GA 30534 (706) 705-4459  
LCADawsonville.com Office@LCADawsonville.com

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Present address \_\_\_\_\_  
\_\_\_\_\_

Marital status: \_\_\_\_\_  
\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for: \_\_\_\_\_  
\_\_\_\_\_

Date Available to start Employment: \_\_\_\_\_

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States, and to complete the required employment eligibility verification documentation. Are you lawfully authorized to work in the United States? **YES** **NO**

Do you currently hold a Teaching Certificate? \_\_\_\_\_ If so, in which State(s)? \_\_\_\_\_

Certificate Type and Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Grades and/or Subject(s) Certified to Teach \_\_\_\_\_

Specializations \_\_\_\_\_

Coaching/Extracurricular Experience \_\_\_\_\_

Number of Completed Teaching Years \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	DEGREE	MAJOR & SPECIALIZATION	NUMBER OF YEARS COMPLETED
High School				
College/ University				
Professional or Graduate School				

### WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. Please attach additional sheets if necessary.

Name of Employer: Address: City, State, Zip: Phone number:	Name of last Supervisor	Employment Dates	Pay or salary
		From _____ To _____	Start _____ Final _____
	Your last job Title:		
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

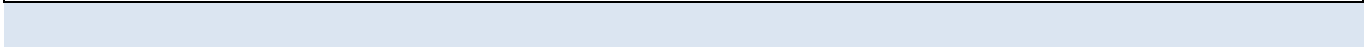
Name of Employer: Address: City, State, Zip: Phone number:	Name of last Supervisor	Employment Dates	Pay or Salary
		From _____ To _____	Start _____ Final _____
	Your Last Job Title:		
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			


Name of Employer: Address: City, State, Zip: Phone number:	Name of last Supervisor	Employment Dates	Pay or Salary
		From_____	Start_____
		To_____	Final_____

Your last job Title:

Reason for leaving:

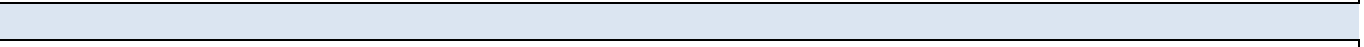
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:



Name of Employer: Address: City, State, Zip: Phone number:	Name of last Supervisor	Employment Dates	Pay or Salary
		From_____	Start_____
		To_____	Final_____
Your last job Title:			

Reason for leaving:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:



Are you currently employed?	Yes	No
Presently Employed at: _____		
May we contact your present employer?	Yes	No
If "no", briefly explain: _____		
_____		

Have you ever been convicted of a felony?

Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from a job? \_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been removed from an assigned classroom \_\_\_\_ or have had your teaching contract not renewed? \_\_\_\_ If yes to either, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any friends or relatives employed by LCA or Lighthouse Baptist Church? Yes No

If yes, please provide their name and relationship to you:

### REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and personal qualifications within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

## Personal Views

Please provide the following information and answer the following questions.

Church Presently Attending: \_\_\_\_\_  
How Long? \_\_\_\_\_ Member? \_\_\_\_\_ Pastor: \_\_\_\_\_  
Denomination: \_\_\_\_\_ How many services do you attend monthly? \_\_\_\_\_  
Church Activities involved in (please indicate the degree of regularity): \_\_\_\_\_

Explain your Christian Testimony of receiving Jesus Christ as your personal Savior: \_\_\_\_\_

Are you prepared to lead a student to accept Christ as his/her personal Savior? \_\_\_\_\_

Why have you chosen teaching as a profession? \_\_\_\_\_

What is your philosophy of Christian Education? \_\_\_\_\_

Why are you seeking employment in a Christian School? \_\_\_\_\_

What are your strengths/gifts for teaching? \_\_\_\_\_

Describe your methods of classroom management: \_\_\_\_\_

What do you see as the role of the teacher in a child's education? \_\_\_\_\_

What are your salary expectations? \_\_\_\_\_

**APPLICATION FORM WAIVER – PLEASE READ CAREFULLY**

In exchange for the consideration of my job application by Lighthouse Christian Academy, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Lighthouse Christian Academy.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Lighthouse Christian Academy permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release from any liability as a result of such contract.

I also understand that (1) Lighthouse Christian Academy has a drug and alcohol policy that may provide for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of employment applications, Lighthouse Christian Academy will require a background check and fingerprints. Lighthouse Christian Academy will provide me with additional information concerning the nature and scope of any such report requested by it. Any costs associated with fingerprinting with the county sheriff's department will be my responsibility.

I further understand that my employment with Lighthouse Christian Academy shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation is terminable at will for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LCA Statement of Faith

1. God is the Creator and Sustainer of all things, and is the source of all Truth.
2. God is Sovereign and maintains control over His entire universe. He is omnipotent.
3. God exists in three persons- Father, Son, and Holy Spirit.
4. God has revealed Himself in His world and universe, and specifically in the Scriptures of the Old and New Testaments.
5. The Bible is the inspired Word of God, the only inerrant and infallible rule of faith and practice.
6. All individuals are lost in sin apart from Jesus Christ.
7. Salvation is the gift of God brought to man by grace, and received by personal faith in the Lord Jesus Christ, whose precious blood was shed on Calvary for the forgiveness of our sins.
8. Life begins at conception, and Biblical marriage is between one man and one woman.
9. It is God's will for the saved to live a life with victory over sin, that we should live a life that will not bring reproach to our Savior and Lord, and that we separate from worldly and sinful pleasures, religious apostasy, and immodesty.

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Signature of Applicant

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Date

By signing the Statement of faith, this signifies your understanding and agreement of the Lighthouse Christian Academy Statement of Faith.

## LCA Employee Authorization and Release Form

I, \_\_\_\_\_, authorize all references and former employers to release to Lighthouse Christian Academy any and all information regarding my association or past employment with them, or their organizations. Any information will only be used to determine my eligibility for employment with Lighthouse Christian Academy. I agree to release my references and former employers from any and all liability concerning the release of this information.

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Signature of Applicant

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Date

Please drop off, mail, or email completed application, resume, and cover letter to:

Lighthouse Christian Academy  
Attn: Human Resources  
329 Harmony Church Road  
Dawsonville, Georgia 30534

Office@LCADawsonville.com

Lighthouse Christian Academy does not and shall not discriminate on the basis of race, color, religion, age, national origin (ancestry), disability, or military status. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.