



CLASSICAL ROOTS CHRISTIAN SCHOOL INSTRUCTOR AND SUPPORT STAFF APPLICATION

Thank you very much for expressing interest in serving as an instructor or a member of the support staff for the Classical Roots Christian School, a classical Christian academic program which supports homeschooling families. To maintain our commitment to excellence, we set high standards in the areas of safety and physical, emotional, and spiritual security. This is a lengthy application for you to fill out, but it is necessary for preserving our safe environment and complying with the federal Child Abuse Protection and Treatment Act. We hope that you will not be offended by this application and realize the value of your investment in the protection of our children. We thank you for understanding and look forward to working together.

You must fully and accurately complete this Instructor and Support Staff Application.

CONTACT INFORMATION

Information contained within will remain confidential and will be disclosed only to those individuals needing to know to carry out their responsibilities for the Classical Roots Christian School as required by law.

Full Name: _____

E-mail: _____

Home phone: _____

Cell phone: _____

Address: _____

BACKGROUND INFORMATION

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

1. Have you committed to trust and follow Jesus as your personal Lord and Savior? Yes No

2. Do you agree with our Statement of Faith? Yes No

REFERENCES

Please list three people who have known you for at least one year who would be able to attest to your character and to your ability to work with children.

1.Name: _____

Length of time known: _____ Nature of association: _____

Occupation: _____

Telephone Number: _____ Email Address: _____

2.Name: _____

Length of time known: _____ Nature of association: _____

Occupation: _____

Telephone Number: _____ Email Address: _____

3.Name: _____

Length of time known: _____ Nature of association: _____

Occupation: _____

Telephone Number: _____ Email Address: _____

PERSONAL INFORMATION

The following information is very personal. Please know that it will remain confidential and will be considered considering the life changing and healing power of Jesus Christ.

1. Have you ever been convicted or pleaded guilty to a crime? Yes No

If yes, explain:

2. Have you ever been convicted, accused of, or have you ever committed any act of physical abuse, sexual abuse, neglect, molestation, or exploitation of a minor? Yes No

If yes, explain:

3. Are there any circumstances or patterns in your life that would make it inappropriate for you to instruct minors or which would compromise the integrity of the Classical Roots Christian School?

Yes No

If yes, explain:

AUTHENTICITY AND AUTHORIZATION

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information (including opinions) that they have regarding my character and ability to work with children. I authorize the release of the information contained in this application to Classical Roots Christian School/Partners in Home Education. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I have carefully read and understand the criminal records release and sign this release as my own free act.

Applicant's signature: _____

Date: _____

