

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.

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
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character and to your ability to work with children.
1.Name:
Occupation: Email Address:
Telephone Number: Email Address:
2.Name:
Length of time known: Nature of association:
Occupation: Email Address:
3.Name:

Occupation: _____ 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.
 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

REQUEST FOR CRIMINAL RECORDS CHECK AND AUTHORIZATION

(This form authorizes Classical Roots Christian School to obtain background information and must be completed by the applicant. The school must keep this completed form on file for at least two years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize **Classical Roots Christian School** through its independent contractor to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to **Classical Roots Christian School**, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature:			Date:		
Identifyin	ng Information for	_	Information Aging Agency")	gency (also known as "Consumer	
Print Name:	First				_
	First		Middle	Last	
Other Names U	sed (alias, maiden	, nickname): _			
Current Addres	s:				
	ent Address: Street /P. O. Box				_
	City	State	Zip Code	County	
	Dates:				
Former Address	s :				
	Street /P.				_
	City	State	Zip Code	County	_
	Dates:				
Social Security	Number:				
Driver's License Number:				State of Issuance:	
Driver's License Number:					
Date of Birth:				Gender	