

**\*\*ICA chooses not to participate in the Federal Unemployment Tax Act. Therefore, upon termination of employment, regardless of the reason, unemployment benefits are not available.**

I certify that my responses to the questions on this application are true, complete and correct to the best of my knowledge. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me or termination of my position once hired. I also hereby give permission for a representative of ICA to check any references that are listed, including ones from any previous employer. I also give permission for a criminal background check to be obtained.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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

Email Address: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

<b>1st Interview</b>		<b>References Mailed</b>	
<b>2nd Interview</b>		<b>References Received</b>	
<b>3rd Interview</b>		<b>References Received</b>	
<b>Observation</b>		<b>References Received</b>	
<b>Approved for Hire</b>	<b>YES</b> <b>NO</b>	<b>References Received</b>	
<b>Date of Employment</b>		<b>Date of Termination</b>	
<b>Reason for Termination</b>		<b>Eligible for Rehire</b>	<b>YES</b> <b>NO</b>

## IMPACT CHRISTIAN ACADEMY (ICA) EMPLOYMENT APPLICATION

<b>Name:</b>		<b>Telephone: (Home)</b>	
<b>Street:</b>		<b>Cell:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>SS#:</b>
Are you 19 years old or older:	Yes      No	Position Desired:	
Are you Eligible to work in the U.S.?	Yes      No	Hours Available:	
Are you currently employed?	Yes      No	Expected Salary:	
Are you a High School graduate?	Yes      No	In Case of Emergency, please notify:	
If not, do you have a GED?	Yes      No	Name:	
<b>EDUCATION DATA</b>		Telephone: (H)	(C)
College or Technical School Attended (if applicable):			
Degree(s) obtained or Major (if applicable):			
Special Course, Workshops, Certifications:			
Life's Education/Volunteer Experience:			
Are you CPR Certified?	Yes      No	Are you First Aid Certified?	Yes      No
Have you had a Criminal Background check done by the FBI/ABI in the last 2 years?      Yes      No			
Are there any physical conditions that would limit your ability to carry out the duties of the position for which you are applying?      Yes      No			
If yes, please explain:			
List any friends or relatives working for us:			
How did you hear about us?			
Are you willing to substitute until a permanent position becomes available?      Yes      No			

## EMPLOYMENT DATA

Employment Dates				Employer:				Reason for Leaving			
From		To		Supervisor's Name:				<input type="checkbox"/> Voluntary			
Mo	Yr	Mo	Yr	Address:				<input type="checkbox"/> Layoff			
								<input type="checkbox"/> Discharge			
Position Held:				Phone:				<input type="checkbox"/> Other:			
				Email:							
Employment Dates				Employer:				Reason for Leaving			
From		To		Supervisor's Name:				<input type="checkbox"/> Voluntary			
Mo	Yr	Mo	Yr	Address:				<input type="checkbox"/> Layoff			
								<input type="checkbox"/> Discharge			
Position Held:				Phone:				<input type="checkbox"/> Other:			
				Email:							
Employment Dates				Employer:				Reason for Leaving			
From		To		Supervisor's Name:				<input type="checkbox"/> Voluntary			
Mo	Yr	Mo	Yr	Address:				<input type="checkbox"/> Layoff			
								<input type="checkbox"/> Discharge			
Position Held:				Phone:				<input type="checkbox"/> Other:			
				Email:							
Employment Dates				Employer:				Reason for Leaving			
From		To		Supervisor's Name:				<input type="checkbox"/> Voluntary			
Mo	Yr	Mo	Yr	Address:				<input type="checkbox"/> Layoff			
								<input type="checkbox"/> Discharge			
Position Held:				Phone:				<input type="checkbox"/> Other:			
				Email:							

Were you previously employed by us?      Yes      No      If yes, When?

As far as you know now, are you interested in working for one year, two years or as a career?

## COMPATIBILITY DATA

\*\*ICA is an evangelical, Christian, faith-based ministry. Our mission is to magnify Jesus Christ through our words and actions while providing services to children and families as an educational facility. Therefore, we are concerned that our employees be committed to the Christian perspective as explained in our statement of faith. To help us evaluate our compatibility, please take a moment to answer the following questions:

Are you currently attending a church? If yes, what is the name of the church and denominational preference?

In what ways are you involved in your church or spiritual organization?

Describe how faith plays a part in your life?

Would you be comfortable sharing Bible stories and praying with the children and adults?      Yes      No  
 If no, please explain why:

Explain how you feel God has given you the gift for caring for and teaching children?

Briefly explain your philosophy of education:

In your opinion, what makes a successful academic/learning environment?

What special skills, talents and abilities can you bring to this center?

## PERSONAL REFERENCES

### PASTORAL-Pastor of the church you are now attending.

Name: \_\_\_\_\_ Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SPIRITUAL-A spiritual leader or friend who knows you well (other than the pastor listed above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SPIRITUAL-A spiritual leader or friend who knows you well (other than the pastor listed above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROFESSIONAL-Supervisor you last worked for or Educational Mentor.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_