



**ROCK COUNTY
CHRISTIAN
SCHOOL**

Application for Employment
Substitute Teacher

Thank you for your interest in Rock County Christian School. We invite you to fill out this application and return it to our school office as soon as possible.

We realize that a key element to Rock County's success is in our faculty and staff. We are seeking applicants who are professionally qualified, who know and love children, who feel called of God to the Christian school ministry, and who, by the pattern of their lives, are Christian role models. Luke 6:40¹. We look forward to receiving your initial application.

Application date: ___/___/___

Employment availability date: ___/___/___

PERSONAL INFORMATION

Name: _____
Last First Middle

Present address: _____
Street City State Zip

Length of time at this address: _____ E-mail address: _____

Day phone: (____) _____ Evening Phone: (____) _____ Cell Phone: (____) _____

Marital Status: Single Married Separated Divorced Widowed

If married, spouse's name: _____

Our school board has adopted the policy that all children of the faculty must attend this school if it has the appropriate grades and programs. Please provide the following information:

Children: _____
Name Age Name Age Name Age

_____ Name Age Name Age Name Age

Other Dependents: _____
Name Age Name Age

CHRISTIAN BACKGROUND

Please carefully read our Statement of Faith, Mission Statement, Vision Statement and Core Values (available on our website at www.rccs.us). Do you have any questions about any part of them? Yes No

If yes, please list your questions:

Do you have any reservations about any part of any of them? Yes No

If yes, please list your reservations:

Indicate the degree to which you agree with our Statement of Faith:.

___ I fully agree with the Statement as written without any reservations.

___ I agree with the Statement except for the area(s) explained below. The exceptions represent either disagreements or items on which I have not yet formed an opinion or conviction.

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct? Yes No

What is your denominational preference?

What is your local church affiliation?

Are you presently a member in good standing? Yes No Number of years: _____

In what capacity do you serve in your local church?

Describe your routine of personal Bible study and prayer.

In your own handwriting, share how you became a Christian, your Christian testimony or statement of faith in Jesus Christ.

PROFESSIONAL QUALIFICATIONS

Attach photocopies of all your postsecondary transcripts. If you are offered a position, official copies of your transcripts must be provided to the school for inclusion in your personnel file.

List any other educational advantages that you have had including opportunities for travel.

Do you have an ACSI Teaching Certificate? Yes No

If yes, what level? _____ Remains valid until: _____.

Do you have a state teaching certificate? Yes No

If yes, what state(s)? _____ What type(s)? _____ Remains valid until _____.

List endorsement(s) and semester hours in endorsement area(s).

If you do not hold a certificate, what requirements do you lack?

Attach photocopies of any certificates held.

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that Rock County Christian School does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified disability.

I hereby certify that the facts set forth in this application process are true and complete to the best of my knowledge. I understand that falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of release.

I authorize Rock County Christian School to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release the school, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

Since I will be working with children, I understand that I must submit to a background check. I authorize the school to conduct a criminal records and background check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or that it could reflect adversely on the school or on me as a Christian role model.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

I certify that I have carefully read and do understand the above statements.

Applicant's Signature

Date



REFERENCE & BACKGROUND RELEASE AUTHORIZATION

I have made application for a position as a teacher with Rock County Christian School. I have authorized the school to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals that know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Rock County Christian School.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Applicant's Birthdate

Applicant's Social Security Number

Applicant's Signature

Date