



**Community Christian Academy**  
4594 Columbia Road ♦ Martinez, Georgia ♦ 30907  
706-426-8881

## Staff Application

This application is to be completed by all those desiring a position at Community Christian Academy. All information must be accurate and entirely completed. Any false information will be grounds for denial of application. Please submit your resume along with this application.

Legal Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State ZIP

How long at this address? \_\_\_\_\_ If less than five years, give previous address and number of years below:

Previous address: \_\_\_\_\_ Years: \_\_\_\_\_

Primary Contact Number: (\_\_\_\_) \_\_\_\_\_ Secondary Number: (\_\_\_\_) \_\_\_\_\_

Best time to call: \_\_\_\_\_

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

Male  Female Birthday: \_\_\_\_\_

Marital status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Desired Position: \_\_\_\_\_

Please list any degrees/certifications that you hold and the establishment from which it was granted.

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Employment History (Last 5 Years- Please note any additional on resume.)

Employer's Name: \_\_\_\_\_ Time Employed: \_\_\_\_\_

Contact Name/Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Time Employed: \_\_\_\_\_

Contact Name/Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Time Employed: \_\_\_\_\_

Contact Name/Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe any additional leadership/volunteer experience you have had with children:

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List any training or education that has prepared you to work with children:

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Please briefly describe your personal relationship with Jesus Christ:

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What church do you attend? \_\_\_\_\_

Are you a member? \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

In what ministries are you currently involved? \_\_\_\_\_

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**The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the Community Christian Academy staff.**

Have you had any experiences that might make it difficult for you to minister to children at CCA? \_\_\_\_\_

Have you ever been accused or convicted of the use or sale of illegal drugs? \_\_\_\_\_

Have you ever used illegal drugs? \_\_\_\_\_

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? \_\_\_\_\_

Have you ever been charged with a misdemeanor or felony? \_\_\_\_\_

Are you engaged in any conduct that is contrary to the teachings of the Bible? \_\_\_\_\_

Do you have any health issues that could place the children of CCA at risk? \_\_\_\_\_

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? \_\_\_\_\_

If you answered yes to any of the above questions, please explain briefly:

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**Local Personal References ( Must be 18 years old and not related to you)**

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

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

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

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

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

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

**Applicant's Statement**

I hereby authorize Community Christian Academy to verify all information contained in this application with any references, my past or present employers, or any other appropriate personnel at my present or past employers, churches, or other organizations, and any individuals to disclose any and all information to Community Christian Academy. I release all such persons or entities from liability that may result or arise from Community Christian Academy's collections of all such evaluations or information or its consideration of my application.

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**Applicant Signature**

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**Date**

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with my application for employment or to serve as a volunteer with Community Christian Academy, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Community Christian Academy for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Community Christian Academy also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Community Christian Academy. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I authorize Community Christian Academy or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

\_\_\_\_\_ TODAY’S DATE \_\_\_\_\_

Signature

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_

SSN

\_\_\_\_\_

D/L or STATE ID

\_\_\_\_\_

STATE ISSUED

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

FULL DOB

Please List Other Names Used \_\_\_\_\_

**For Office Use Only**

Desired/Proposed Position: \_\_\_\_\_

Contacted by/date: \_\_\_\_\_

Reference 1 Contact Notes: \_\_\_\_\_

\_\_\_\_\_

Reference 2 Contact Notes: \_\_\_\_\_

\_\_\_\_\_

Reference 3 Contact Notes: \_\_\_\_\_

\_\_\_\_\_

Previous Employer(s) Contact Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interview 1 Date/Time/Interviewer: \_\_\_\_\_

Background Check Run Date: \_\_\_\_\_

Offer Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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