



GRACE COVENANT  
—→ ACADEMY ←—

## **ACADEMY SUBSTITUTE APPLICATION**

Your interest in Grace Covenant Academy is appreciated. We invite you to fill out this initial application and return it to our school office. If an opening occurs for which it appears you may qualify, we will gladly consider your application. We may also contact your references.

We realize that the key to a successful Christian school is its staff. We are grateful for those who are professionally qualified, who really love children, and who, by the pattern of their lives, are Christian role models. Luke 6:40

We look forward to receiving your initial application. Thank you for your interest in the ministry of our school. It is our prayer that God will fulfill His perfect will in the lives of all applicants.

### **A. APPLICANT'S NAME AND ADDRESS**

Full name: \_\_\_\_\_

Application date: \_\_\_\_\_ Available date: \_\_\_\_\_

Race (Optional): \_\_\_\_\_

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

\_\_\_\_\_

Current E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Permanent Address and Phone number if different from current address: \_\_\_\_\_

\_\_\_\_\_

Have you lived in NC for the past 5 years? If not, list the state and county of your previous address:

\_\_\_\_\_

Social Media Handles:

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Snapchat: \_\_\_\_\_

**B. GRADES DESIRED**

Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice in the parenthesis.

( ) PreK (3 & 4 year olds) ( ) Elementary (K-5)

( ) Extended Care Program (Before and After School Care)

( ) Enrichments/Electives (Art, Library, PE, Spanish, Performing Art, Technology)

Days and times available for substituting: \_\_\_\_\_

What is your local church affiliation?

\_\_\_\_\_

**C. CHRISTIAN BACKGROUND**

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 \_\_\_\_\_

Please carefully read our Statement of Faith and indicate below your degree of support

**Grace Covenant Academy holds that education is designed to meet the needs of the total child. Our program will help the child grow and develop emotionally, intellectually, socially, physically and spiritually. Our desire is that each child will develop eagerness and love for learning.**

**Grace Covenant Academy strives to maintain a balance of spiritual development and academic excellence. Our foundation is based on the Bible, and we believe it is the only inspired and infallible Word of God, our final authority in all matters.**

**Please review the following spiritual objects and check...**

- To present the Bible as the only inspired Word of God, the final authority for all truth and knowledge.
- To seek to win those who have not accepted Jesus Christ as their personal Savior.
- To educate students so that they successfully integrate Christian values into their life.
- To teach students to live Christ-like in a non-Christian world.
- To provide daily encouragement and Christ-like love to each child.

\_\_\_\_\_ I fully support the Statement of Faith as written without mental reservations.

\_\_\_\_\_ I support the Statement of Faith except for the area(s) listed and explained on the reverse side of this page. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: \_\_\_\_\_

In what church activities are you involved and with what degree of regularity?

Would you be comfortable substitute teaching a Bible class?  
What books have you read recently that helped you spiritually?

**D. PROFESSIONAL QUALIFICATIONS**

What degree or degrees do you hold?

Degree

Date Received

Issuing Institution

\_\_\_\_\_

Your major(s): \_\_\_\_\_ Your minor(s): \_\_\_\_\_

Sequentially list any teaching experience with the most recent first:

\_\_\_\_\_

\_\_\_\_\_

Do you hold certificates for CPR? First Aid? Others? Please list them and their expiration dates.

**E. EMPLOYMENT HISTORY**

Employer \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name & Phone Number \_\_\_\_\_

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

Have you ever worked under a different name? If so, what was the name(s)?

F. PERSONAL REFERENCES

You will need to sign the Reference Release below, as well as the background check information that is attached, and return it with this application. Do not list family members or relatives for references.

Give three references that are qualified to speak of your spiritual and professional experience. **List your current pastor first.**

	Name – Complete Address	Phone	Position
1.	_____		
	_____		
2.	_____		
	_____		
3.	_____		
	_____		

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a position as a \_\_\_\_\_ with Grace Covenant Academy. I have authorized the school to thoroughly investigate references, work records, evaluations, education, and 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 the Grace Covenant Academy, 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 Grace Covenant Academy. I certify that I have carefully read and do understand the above statements.

\_\_\_\_\_  
Applicant's Signature

G. APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that Grace Covenant Academy does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or disability.

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

I authorize Grace Covenant Academy to thoroughly investigate references, work records, evaluations, education, and 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 the Grace Covenant Academy, 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 personally view any references given to Grace Covenant Academy.

Since I will be working with children, I understand that I must submit to a background check by the FBI and possibly other federal and state authorities. I authorize Grace Covenant Academy to conduct a criminal records check. 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.

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Signature of Applicant

Date

Declaration of Ethical and Moral Integrity

As an applicant for employment or for a volunteer position at Grace Covenant Academy and its ministries, I, \_\_\_\_\_ recognize, understand, and agree to live by the moral and ethical standards of the school. I further declare that with regard to my personal moral and ethical character and conduct as of this date, I am not, nor have been in the past engaged in inappropriate conduct toward minors, nor do I have inclinations toward such conduct. Inappropriate conduct includes the following: homosexuality, verbal, physical or sexual abuse as defined by Scripture and state law. I do declare that the above statement is factual and true. By affixing my signature, I declare that I meet the moral and ethical standards of Grace Covenant Academy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature  
(after discussion with applicant)

\_\_\_\_\_  
Date

**APPLICATION FOR CHILDREN & YOUTH WORKERS and  
BACKGROUND INFORMATION CONSENT FORM**

GRACE COVENANT CHURCH and ACADEMY, CORNELIUS, NC  
CONFIDENTIAL

*Office Use Only*

Department: \_\_\_\_\_

Overseeing Pastor: \_\_\_\_\_

*This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.*

\* Identity must be confirmed with a state driver's license or other photographic identification (attach copy).

Legal Name:

\_\_\_\_\_  
Last First Middle

Maiden Name or other names used: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at former address? \_\_\_\_\_

If less than 5 years as NC resident, please provide former counties and states of residence:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of License Issue: \_\_\_\_\_

The above information is required for identification purposes only and is in no manner used as qualification for employment. Grace Covenant Church abides by all applicable state and federal employment laws.

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain (attach a separate page if necessary):

\_\_\_\_\_

Were you a victim of abuse or molestation while a minor? YES \_\_\_\_\_ NO \_\_\_\_\_ UNSURE \_\_\_\_\_

If you prefer, you may discuss your answer to this question with the director rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for work.

Have you ever been convicted of, been accused of or practiced homosexuality? YES \_\_\_ NO \_\_\_

If yes, please explain (Attach a separate page if necessary):

\_\_\_\_\_

Have you ever been convicted of a criminal offense? YES \_\_\_ NO \_\_\_ If yes, please explain (Attach a separate page if necessary):

\_\_\_\_\_

## PERSONAL REFERENCES

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

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

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**BACKGROUND INFORMATION CONSENT FORM**  
**APPLICANT AUTHORIZATION AND RELEASE FORM**  
**GRACE COVENANT CHURCH and ACADEMY, CORNELIUS, NC**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information including opinions that they may have regarding my character and fitness for children/youth work. In consideration of the receipt and evaluation of this application by Grace Covenant Church and/or Grace Covenant Academy, I hereby release any individual, church, youth organization, charity, employer, reference, or any other organization, including record custodians, both collectively and individually, from any liability for damages of whatever kind or nature which may at any time result to me, my heirs or family, on account of compliance or any attempts to comply, with this authorization. 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.

Should my application be accepted, I agree to be bound by the bylaws and policies of Grace Covenant Church or Grace Covenant Academy and the International Church of the Foursquare Gospel and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement that I have read and understand.

I also hereby authorize Grace Covenant Church/Grace Covenant Academy and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment/service now and, if applicable, during the tenure of my employment/service with Grace Covenant Church/Grace Covenant Academy.

These above mentioned background information checks may include, but are not limited to, employment and education verifications, social security verification, driving record information, personal references, personal interviews and personal credit history. I further understand that an acceptable credit report and/or background check will allow me to continue the pre-employment/service process and that an unacceptable credit and/or background check may result in the discontinuation of my pre-employment/service process. I understand if I am hired/serving prior to the completion of the background check that an unacceptable background check will result in my termination.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any criminal background search prepared on me upon written request within a reasonable time after the date of such search.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Grace Covenant Church/Grace Covenant Academy including but not limited to any courthouse, any public agency and all law enforcement agencies and any and all credit bureaus regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I release Grace Covenant Church/Grace Covenant Academy and/or its agents and any persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, by me, my heirs and others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with compilation or preparation of the background information check hereby authorized.



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Printed Name in Full

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Applicant's Signature

Date

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Witness' Signature

Date



## Background Check Forms, Cont.

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### Consumer, Investigative, and Direct Reports Authorization, Disclosure and Release

Name		Social Security no.		Date of birth (mm/dd/yyyy)*	
Street address		City	State	Zip Code	
Driver's license no.	State of issuance	Any other names used			

By signing below, I hereby voluntarily authorize International Church of the Foursquare Gospel d/b/a \_\_\_\_\_ (legal name and code number of church, school, camp) ("Foursquare") to obtain "consumer reports" and "investigative consumer reports" about me from a "consumer reporting agency," and reports Foursquare may obtain directly, and to consider these reports when making decisions regarding my employment/volunteer position or potential position with Foursquare. The nature and scope of these reports are as follows. They may contain information on my character, general reputation, personal characteristics, and mode of living. They may also include, among other things, checks, records and/or information regarding: my criminal convictions (including, without limit, court, sex offender, incarceration and DMV records), social security number, current and prior employer(s)/supervisor(s) and/or references I provided, coworkers, neighbors, friends, associates or acquaintances, and verification of college degrees and professional licenses or certifications.

I understand that I have rights under the Fair Credit Reporting Act (and the California Investigative Consumer Reporting Agencies Act and other California law for California residents, the Government Data Practices for Minnesota residents, the Credit Services Organization Act for Oklahoma residents, the equivalent New York FCRA for New York residents, and the equivalent Maine FCRA for Maine residents) including the rights discussed in the separate disclosure statement(s) provided to me.

I authorize any governmental entity, law enforcement agency, institution, information service bureau, school, employer, supervisor, reference, or other person contacted by Church Volunteer Central (or other selected agency) or Foursquare, or their agents or volunteers, to furnish the information described herein.

I release and discharge from liability all persons, agencies, and entities providing the above information or reports about me to Church Volunteer Central (or other selected agency) and/or Foursquare. To the fullest extent permitted by law, I further release and discharge Foursquare and Church Volunteer Central (or other selected agency), and their agents, employees and volunteers, from any claims, damages, losses, liabilities, costs and/or expense arising from the retrieving and/or reporting of said information, including any consumer report or investigative consumer report.

I acknowledge a copy or telephonic facsimile of this document shall be valid as the original. If I am presently a resident of Maine or New York, I have reviewed the additional state law disclosure information attached.

Signature	Date
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If you would like a copy of any investigative consumer report sent to you at your address listed above, please check the box below.

- Yes, I would like to receive a copy of any investigative consumer report which may be obtained on me by a consumer reporting agency.
- If you would like to receive a copy via email, please provide your email address.

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Your date of birth is requested to verify the information obtained is about you and not someone with the same or a similar name. It will not be used for employment purposes.