

PROFESSIONAL EXPERIENCE

Do you hold a teaching degree? Yes No

If yes, identify type of degree: _____

Do you currently hold a state-issued teaching certificate? Yes No

If yes, which state? (Please attach a copy of the certification): _____

PROFESSIONAL WORK EXPERIENCE

(Please complete or attach your resume):

Please check one: Teaching Position Non-Teaching Position

School or Company Name: _____

Address: _____

Position Held: _____

Dates Employed: _____ To: _____ Full-time Position? Yes No

Responsibilities / Accomplishments: _____

Reason for Leaving: _____

Please check one: Teaching Position Non-Teaching Position

School or Company Name: _____

Address: _____

Position Held: _____

Dates Employed: _____ To: _____ Full-time Position? Yes No

Responsibilities / Accomplishments: _____

Reason for Leaving: _____

Please check one: Teaching Position Non-Teaching Position

School or Company Name: _____

Address: _____

Position Held: _____

Dates Employed: _____ To: _____ Full-time Position? Yes No

Responsibilities / Accomplishments: _____

Reason for Leaving: _____

RELATED SKILLS AND EXPERIENCE

Currently Certified in First Aid? Yes No Currently Certified in CPR? Yes No

Briefly explain why you are qualified to work as a substitute teacher at Landenberg Christian Academy. Please include any special skills, training and/or experiences that would add to your success as a substitute teacher at LCA.

EDUCATIONAL BACKGROUND

	COLLEGE / UNIVERSITY OR INSTITUTION AND LOCATION	MAJOR / MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	DATE ACHIEVED	GRADE POINT AVERAGE (GPA)
COLLEGE/UNIVERSITY					
COLLEGE/UNIVERSITY					
COLLEGE/UNIVERSITY					
GRADUATE STUDY					
GRADUATE STUDY					

PERSONAL SPIRITUAL UNDERSTANDING

Please attach a separate sheet of paper with your response to the following:

- Briefly describe how the gospel of Jesus Christ has changed and continues to change your life.

Please read the LCA Statement of Belief.

My signature indicates that I have read, and fully support the LCA Statement of Belief without reservation.

Signature

Date

REFERENCES

Please list two references who are qualified to speak of your spiritual, personal and professional growth and abilities. Please **do not** list family members or relatives.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

*In order to be considered for employment at LCA, all applicants must submit the proper background check clearances. Therefore, **please attach to this application all of the following:***

CHECKLIST

- Completed application
- Copy of current resume
- Copy of Federal Criminal History Record Information (Act 114)
- Copy of Department of Public Welfare Child Abuse History Clearance (Act 151)
- Copy of PA State Police Request for Criminal Records Check (Act 34)
- Signed Certification & Release Authorization (last page of this document)

Signature

Date

ADDITIONAL INFORMATION ON REQUIRED CERTIFICATIONS & CLEARANCE

ACT 34 Clearance (PA State Police Criminal Background Check)

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

ACT 114 (Federal Criminal History Record)

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

ACT 151 Clearance (PA Child Abuse History Clearance)

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of LCA may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to LCA. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by LCA or by entities or persons providing such information to LCA, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Date

Signature of Candidate (in ink)
[Must be original]