

Preparing students to be effective servants of Christ in contemporary society

APPLICATION FOR PROFESSIONAL STAFF

*This form must be filled out COMPLETELY. All information will be kept confidential.
We consider applicants for all positions without regard to race, color, gender, national origin, age, non-disqualifying disability, marital or veteran status.*

PERSONAL INFORMATION

Name _____ Home Phone _____
Last First M.I.

Address _____
Street City State Zip

Email address _____ Telephone Home _____

Work _____ Cell _____

Is additional information relative to a different name necessary to check work record? YES NO

If yes, please explain:

Do you have the legal right to work in the U.S.? YES NO

U.S. Military Service: Entered _____ Discharged _____ Branch _____
Date Date

Have you ever plead "no contest" or "guilty" to or been convicted of a crime other than a routine traffic offense?
 YES NO

If yes, when, where, and nature of offense?

Are there any felony charges pending against you? YES NO

If yes, please explain:

Have you ever been fired	<input type="checkbox"/> YES	<input type="checkbox"/> NO
dismissed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
asked to resign by mutual agreement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
otherwise terminated	<input type="checkbox"/> YES	<input type="checkbox"/> NO
refused re-employment	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

Are you able to do the essential functions of the job(s) for which you are applying? YES NO

If not, please explain:

EMPLOYMENT INFORMATION

Name of Current Employer _____ CSI School YES NO

If yes, are you currently enrolled in the CSI Pension Plan? YES NO

Are you under a continuing contract? If yes, expiration date _____ Present/last salary \$ _____

May present employer be contacted? _____ Supervisor's name/title _____

Address _____

Position desired (be specific) _____ Part time Full time

Do you have a Michigan teacher certification? _____ If no, are you eligible? _____

If yes, give complete description of certification/license held _____

Date issued _____ Do you have certification in another state? _____

If yes, give complete description of certification/license held: _____

EDUCATION AND PROFESSIONAL TRAINING

List High Schools, Colleges, Universities Attended (most recent FIRST)	Location	Degrees Received	Date Received	Majors	Minors

Are you presently working toward a higher degree? _____ Degree and date expected _____

From what educational institution? _____

WORK EXPERIENCE IN EDUCATION

Name of Institution	Position	Dates From - To	CSI School?	Reason for Leaving	Annual Salary

OTHER WORK EXPERIENCE

Name of Company	Position	Dates	Reasons for Leaving

List at least three professional (P) references and one character (C) reference

Name	Position	Address & Daytime Phone Number
(P)		
(P)		
(P)		
(C)		

College Extra Curricular Activities (e.g., Student Govt., Forensics, Athletic, Honorary)

HOBBIES AND SPECIAL INTERESTS

List present and past memberships in professional organizations and voluntary work with students

Organizations	Dates of Membership

Are you interested in coaching? _____ If yes, what sport(s) _____

List extra-curricular activities you would be interested in directing

APPLICANT DISCLOSURE AFFIDAVIT

Grand Rapids Christian Schools screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT _____ / _____ / _____
Please print complete name *Social Security Number*

The undersigned applicant affirms that I HAVE NOT AT ANYTIME (whether as an adult or juvenile):

- | Yes | No | <i>(Initial yes or no and provide brief explanation for a yes answer)</i> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | been convicted of |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded guilty to (whether or not resulting in a conviction) |
| <input type="checkbox"/> | <input type="checkbox"/> | pleaded nolo contendere or no contest to |
| <input type="checkbox"/> | <input type="checkbox"/> | admitted to |
| <input type="checkbox"/> | <input type="checkbox"/> | had any judgment or order rendered against me (whether by default or otherwise) for |
| <input type="checkbox"/> | <input type="checkbox"/> | entered into any settlement of an action or claim of |
| <input type="checkbox"/> | <input type="checkbox"/> | had any license, certificate, or employment suspended, revoked, terminated or adversely affected
because of _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | been diagnosed as having or been treated for any mental or emotional condition arising from |
| <input type="checkbox"/> | <input type="checkbox"/> | resigned under threat of termination of employment or volunteer work for |

any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

- | Yes | No | <i>(Initial yes or no and provide brief explanation for a yes answer)</i> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | any felony |
| <input type="checkbox"/> | <input type="checkbox"/> | rape or other sexual assault |
| <input type="checkbox"/> | <input type="checkbox"/> | drug/alcohol-related offenses |
| <input type="checkbox"/> | <input type="checkbox"/> | abuse of a minor or child, whether physical or sexual |
| <input type="checkbox"/> | <input type="checkbox"/> | incest |
| <input type="checkbox"/> | <input type="checkbox"/> | kidnapping, false imprisonment, or abduction |
| <input type="checkbox"/> | <input type="checkbox"/> | sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | sexual conduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | sexual harassment |
| <input type="checkbox"/> | <input type="checkbox"/> | annoying/molesting a child |
| <input type="checkbox"/> | <input type="checkbox"/> | lewdness and/or indecent exposure |
| <input type="checkbox"/> | <input type="checkbox"/> | lewd and lascivious behavior |
| <input type="checkbox"/> | <input type="checkbox"/> | obscene literature |
| <input type="checkbox"/> | <input type="checkbox"/> | assault, battery, or other offense involving a minor |

Return completed application to the Superintendent's Office,
Grand Rapids Christian Schools, 1508 Alexander St SE, Grand Rapids MI 49506

Before final consideration for employment, it is applicant's responsibility to provide transcripts of college credit, placement references and evidence of certification as required for the position for which you are applying.

GRAND RAPIDS CHRISTIAN SCHOOLS
1508 ALEXANDER ST SE
GRAND RAPIDS MI 49506
T 574-6000 F 574-6010 www.grcs.org

NOTICE TO ALL APPLICANTS

Work Authorization: Before any applicant can begin work, the person must be able to verify, under federal law, that he or she is authorized to work in the United States. All applicants offered a position with Grand Rapids Christian Schools will have to document their authorization to work before the hiring process will be complete.

All applicants are being notified at this time that, if selected for hire, it will be your responsibility to provide Grand Rapids Christian Schools with documentation showing your right to work. Grand Rapids Christian Schools is giving you this notice so you may have those documents ready if you should be offered a position. The documents will be reviewed at the time a conditional offer of employment is made.

Medical Examination: Any job you are offered by Grand Rapids Christian Schools will be conditional on the results of a medical examination if one is requested by Grand Rapids Christian Schools. The medical exam will be conducted by a physician selected by Grand Rapids Christian Schools and will be completed before you begin work on the job.

Accommodations: Michigan law requires that you notify Grand Rapids Christian Schools in writing of a need for an accommodation for employment within 182 days after you know or should have known that an accommodation of your handicap is needed.

APPLICANT'S CERTIFICATION AND AGREEMENT

Certification of Truthfulness: I certify that I have read and understand the provisions of this application, and of any documents which accompany the application. My questions, if any, have been asked and answered to my satisfaction.

I certify that the information furnished in or accompanying this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to this application or other aspects of the pre-hiring process, will be sufficient reason for my not being offered employment or if employed, my dismissal at any time without recourse.

Authorization for Investigation, Release, and Waiver: I authorize Grand Rapids Christian Schools to conduct an investigation of me, including but not limited to all statements made by me in this application and to fulfill any requirements set forth in applicable state and federal laws. I authorize all sources of information to give Grand Rapids Christian Schools any information or any other information they may have, personal or otherwise. I release all sources of information from all liability for any damage that may result from furnishing information to Grand Rapids Christian Schools. Also, I hereby waive written notice to me that employment information is being provided by any person or organization. A photo static copy of this Authorization, Release and Waiver shall be considered as effective and valid as the original.

I understand and agree that the employer will conduct a criminal conviction record check (including but not limited to a driving conviction record check) in connection with my application for employment; and I hereby consent to such record checks and agree to pay for a criminal background check.

Print Name _____

Current Address _____
Street City State Zip

Signature _____ Date _____