



Application Checklist

- Read Providence's [Statement of Faith](#), [Core Values](#), and [Mission Statement](#).
- Complete the questions on page three.
- Complete the application.
- Submit the application and materials by mail or email.
Mailing Address: Providence Christian School, Attn: Kristin Stentiford
5002 W. Lovers Lane
Dallas, TX 75209
Email: kstentiford@pcstx.org

School Nurse Application

Date: _____

If you are hired, you will be required to verify identity and eligibility to work in the United States and to complete the required Form I-9 Employment Eligibility Verification.

Personal Data

Name: _____
First Middle Last

Address: _____

City: _____ State: _____ Country: _____ ZIP: _____

Email: _____ Phone: _____

Job Interest

How did you hear about Providence? _____

Are you interested in _____ full time or _____ part time work?

Education and Training (Please do not abbreviate school names.)

Full School Name	City	State	Major	Graduated	Degree	Cum. GPA
High School:				Yes No GED		
Trade School/Technical School:				Yes No		
College:				Yes No		
College:				Yes No		
College/Graduate School:				Yes No		
College/Graduate School:				Yes No		

Please indicate the name(s) you used during your highest level of education:

Education and Training Continued

Do you have experience in an emergency room setting? _____ Yes _____ No

If yes, how long did you work in the ER? _____

Do you have experience as a previous school nurse? _____ Yes _____ No

If yes, how long did you work as a school nurse? _____

Employment Record

Starting with your current or most recent employment, list your past three previous employers. Please complete in full for each employer. Please make sure your resume reflects all work experience.

Organization Name:	Start Date:	End Date:	Job Title and Duties:
Street Address:	Department:		Salary:
City:		State:	Telephone:
When may we contact this employer? Now _____ After acceptance of offer _____			
Reason for Leaving:			Name and Title of Supervisor:

Organization Name:	Start Date:	End Date:	Job Title and Duties:
Street Address:	Department:		Salary:
City:		State:	Telephone:
When may we contact this employer? Now _____ After acceptance of offer _____			
Reason For Leaving:			Name and Title of Supervisor:

Organization Name:	Start Date:	End Date:	Job Title and Duties:
Street Address:	Department:		Salary:
City:		State:	Telephone:
When may we contact this employer? Now _____ After acceptance of offer _____			
Reason For Leaving:			Name and Title of Supervisor:

History with Providence

Were you ever previously employed by Providence? Yes _____ No _____

If yes, dates employed: _____

Position(s)? _____

Why did you leave? _____

Do you have any relatives who are currently employed by Providence or who serve on the Providence Board of Trustees?

Yes _____ No _____ If yes, please list their names: _____

Did you attend Providence? Yes _____ Years Attended _____ No _____

Church Information

Where do you attend church? _____

Free Response Questions

Please answer the following questions in a separate document and attach the document with this application.

1. Please discuss your spiritual journey, what Christ means to you, and the difference He makes in your life.
2. How do you live out your faith purposefully and intelligently in the service of God and man?
3. Of the books you have read recently, which do you most esteem? Why?
4. Comment briefly on how you approach and view issues on which Christians are divided (such as alcohol, entertainment, or tobacco).
5. After reading Providence's [Core Values](#), which most resonated with you? Why?
6. Please comment on the Lord's leading you toward serving in a classical, Christian school.
7. State your philosophy of nursing as it relates to integrating your Christian faith in the School clinic.
8. Describe your experiences with children outside of a work setting.

Pastoral Reference

Please provide the name and phone number of your pastor or other church leader whom we may contact:

Name: _____ Position: _____ Daytime Phone: _____

Additional References

Besides your pastor and current or past supervisor, please list at least six other people we may contact with reference to your application. Include teaching peers if applicable.

Reference Name

Title/Relationship

Daytime Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Legal History

- Y___ N___ Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer “yes” if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection with a criminal case.
- Y___ N___ Have you ever been charged with a sexual offense, an offense relating to children, or a crime of violence?
- Y___ N___ Have you ever been reported to any organization or registry for abuse or misconduct involving children?
- Y___ N___ Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body for violence, sexual misconduct, or misconduct involving children?
- Y___ N___ Have you ever been disciplined or dismissed from any volunteer position or employment for any reason, or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y___ N___ Have you ever been reprimanded or asked to leave or end your membership in an organization in which you were volunteering?
- Y___ N___ Have you ever been the subject of a complaint or disciplinary proceeding concerning any professional license or professional affiliation held by you?
- Y___ N___ Do you now or have you ever sought out child pornography?

If you answered “yes” to any of the above questions, please explain fully. (Use additional sheet if needed.)

This information will not necessarily bar an applicant from employment and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of any crime and date of offense will be considered.

Privacy Policy

At Providence, we are committed to protecting your privacy. Your personal information may be maintained in an electronic database in the U.S. and will be processed by a third party provider for purposes of conducting background investigations. Your personal information will be used by Providence for recruitment and background check purposes. The information under our control will be protected from loss, misuse, unauthorized access or disclosure, alteration, or destruction. By submitting your personal information and signing this application, you agree that Providence may process it for recruitment, Human Resources processes, and background check purposes.

Applicant Release and Acknowledgement

I understand that Providence requires certain information about me in order to evaluate my qualifications for employment and to conduct its business should I become an employee. Therefore, I authorize Providence to conduct all required background checks, investigate my past employment, educational credentials, and any other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to Providence from responsibility with respect to information supplied.

I agree that Providence may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside Providence in those cases where its agents and contractors need such information to perform their functions, where their company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand that Providence intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.

I agree that I will not disclose or use while interviewing with or employed with Providence any confidential or proprietary information of others, including any former employer.

I understand that any employment with Providence would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason, or Providence may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary. I understand that my employment-at-will status may not be modified or changed except in a written agreement signed by a duly authorized officer of Providence.

I understand that any false answers or statements made by me in this application, any supplement thereto, or in connection with the above-mentioned investigations may be grounds for refusal of employment, may invalidate my employment or, if employed, will be sufficient grounds for immediate discharge and render me ineligible for any benefits. Once submitted, the application and all supporting materials for employment at Providence, become the property of Providence.

All applicants are required to read our [Statement of Faith](#). Please also read our [Core Values](#) and [Mission Statement](#). All documents may be found on the "about" tab on our website (www.pcstx.org).

My signature below acknowledges that I have read, understood, and agreed to the terms of my entire application. It also affirms that I have read and agree with Providence's Statement of Faith.

Applicant's Signature: _____

Date: _____