

TEACHER, STAFF, VOLUNTEER APPLICATION

Your interest in Creekside Christian Academy is appreciated. We invite you to fill out this application and email it to CCA at Rachel@CreeksideFellowship.org. If an opening occurs for which it appears you may qualify, we will arrange for a personal interview.

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. We look forward to receiving your application, and we 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.

APPLICANT'S PERSONAL INFORMATION

Operation Name Creekside Christian Academy CCA		Director's Name Rachel Bartley	Today's/Application Date
First Name	Middle Name	Last Name	Preferred Name by Students
Home Address		Are you over eighteen (18)?	Date of Birth (not required)
City	Zip	Cell Phone	2nd Phone
Email		1st Available Day	Are you a U.S. Citizen?

To help ensure that CCA withholds higher standards, professionalism, and Christian role models, please list your social media accounts.

POSITIONS DESIRED

At this time, are you applying for full-time position, part-time position, or volunteering for CCA?	At this time, are you applying for year round, school year only, or summers only?	
Estimated number of vacation weeks desired annually?	Hourly Salary Expected	Desired hours a week?
Please indicate your desired POSITION by marking: "1", "2", and "3" next to your first, second, and third desired position.	Indicate desired DAYS below: M-F Every M,T,W,Th,or F Every other M,T,W,Th, or F Every 1st,2nd,3rd,4th,or 5th M, T, W,Th,or F of each month	Indicate desired HOURS below, for example: 6:15a-7:45a 7:30a-9:00a 9:00a-6:00p w/2 hr lunch 4:00p-6:15p
<input type="checkbox"/> Nursery (9wks-18mo)		
<input type="checkbox"/> Toddlers (18mo-3yr)		
<input type="checkbox"/> Preschool (3s, 4s)		
<input type="checkbox"/> PreK (4s, 5s, 6s)		
<input type="checkbox"/> Puppet/Story Time (7:30-8:00)		
<input type="checkbox"/> Daily Bible Time & Chapel Time (8:00-9:00)		
<input type="checkbox"/> 3 Pledges (Allegiance, Christian, Bible) (9:00-9:15)		
<input type="checkbox"/> Breakfast (7:00-9:00) Lunch (10:15-1:00)		
<input type="checkbox"/> Snack (2:30-3:00)		
<input type="checkbox"/> Menu Planner/Monthly Nutritional Lessons		
<input type="checkbox"/> Lesson Plans, Curriculum Coordinator		
<input type="checkbox"/> Party Planner: holidays, graduation, seasons		
<input type="checkbox"/> Records, Payroll, Licensing, Secretarial, Phone		
<input type="checkbox"/> Decorator, Letter of the Week Theme Coordinator		
<input type="checkbox"/> PE, Coach, Sports Instructor, Dance Instructor		
<input type="checkbox"/> Spanish, ASL, Music, Wood Shop, Art Teacher		
<input type="checkbox"/> Janitorial/Playground/Maintenance/Landscaping		

EMERGENCY & HEALTH INFORMATION		
1st Emergency Contact Person's Full Name	1st Emergency Contact Person's Phone (s)	
2nd Emergency Contact Person's Full Name	2nd Emergency Contact Person's Phone (s)	
Name of Emergency Medical Care Facility:	Address:	Phone:
Do you have any known allergies, asthmatic problems, chronic medical conditions, or any other restriction (s) which may interfere with fulfilling the responsibilities of the position for which you are applying. If so, please specify and list any special attention required. If no, please type "No".		
EXPERIENCE		
How many years of experience do you have in childcare or for the position in which you are applying for?		
1. Position:	Dates:	
Employer/Business Name:	Full-Time or Part-Time	
Address:	Job Duties:	
Name/Phone:	Email:	
Reason for Leaving:	May we contact this referral?	
2. Position:	Dates:	
Employer/Business Name:	Full-Time or Part-Time	
Address:	Job Duties:	
Name/Phone:	Email:	
Reason for Leaving:	May we contact this referral?	
3. Position:	Dates:	
Employer/Business Name:	Full-Time or Part-Time	
Address:	Job Duties:	
Name/Phone:	Email:	
Reason for Leaving:	May we contact this referral?	
COMMENTS/NOTES		
Please add any concerns, comments or notes:		

EDUCATION AND CERTIFICATIONS		
Are you willing to complete a minimum of 24 hours of training hours per year to include Infant/Child CPR & First Aid?	Highest level of education? From? Year?	
Do you have an unexpired Child Development Accreditation (CDA)?	Are you interested in acquiring your CDA or continuing your CDA?	
Additional college courses, trainings or certificates that would be helpful in evaluating your application:		
GOALS		
Short Term Goals	Long Term Goals	
What are your personal short term goals?	What are your personal long term goals?	
What are your short term goals with CCA?	What are your long term goals with CCA? How long do you plan to work at CCA?	
What teacher training courses or continuing education courses would you be interested in taking in your first 6 months at CCA?	What teacher training courses or continuing education courses would you be interested in taking in your first 7-18 months at CCA?	
CCA plans to pay all employees for their required yearly training hours and pay all fulltime employees Holiday Pay for four (4) holidays per year. (see contract for details) Annual vacation time is highly respected for all employees, however it is unpaid vacation time. How many vacation weeks do you plan to take annually?		
_____ I will whole heartedly do my best to help fulfill CCA's Mission: CCA is a ministry that provides children with a safe, loving, and nurturing environment whereby they will grow spiritually, creatively, intellectually, physically, and socially surrounded by God's love.		
_____ I give permission to Creekside Christian Academy to photograph, videotape, and/or audiotape me while participating in daily activities, and to use this media for educational, advertising, website, and social media purposes.		
_____ I certify that all of the answers given in this application are true and complete to the best of my knowledge and that I have personally completed this application. I understand that providing false or misleading information or omitting pertinent information in my application or a job interview shall be grounds for rejection of this application or for immediate discharge if I am employed.		
_____ I understand that if I am employed, my employment will be for no definite period of time. I understand that my employment may be terminated at-will with or without cause.		
_____ I authorize all persons or businesses contacted by or on behalf of Creekside Christian Academy to disclose any and all performance reviews, reports, documents, information related to my background, work history, and qualifications, without giving me prior notice of such disclosure. By signing below, I fully release Creekside Christian Academy, my former employers, and all other persons, and business from any and all claims, demands or liabilities arising out of or in any way related to such references or disclosures.		
Applicant Signature	Applicant Printed Name	Date