



St. Petersburg Christian School Application

Qualified applicants receive consideration on the basis of their qualifications for the position without regard to race, color, sex, age, national origin, marital status, veteran status or disability. As a religious organization, this ministry is permitted and reserves the right to prefer employees on the basis of religion. Title VII, Section 702-703, vs. Civil Rights Act of 1964.

Date of Application	Position	Employment Type
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Personal Information

Full Name		Birthdate (MM/DD)
Address		
Home Phone	Cell Phone	
Email		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married, number of dependent(s)		U.S. Citizen <input type="checkbox"/> No <input type="checkbox"/> Yes
Emergency Contact		
Relation		
Address		
Cell Phone		

Educational Background

Degree / Course	University / Institute	Year of Graduate	Dates Attended	City

Employment History

Company	Position	Year	Reason for Leaving

Skills & Training Please describe other licenses , skills, leadership experience, memberships, etc:

Christian Background

Home Church		Phone
Denomination	How often do you attend?	
Pastor's Name	Are you a member? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Briefly describe your Christian testimony and devotional life.		

Personal Information

SPCS employees must be able to access our large campus, carry needed objects, climb stairs, and fulfill the job description for this position. Do you have any physical limitation that would prevent you from carrying out any of these duties? If yes, please explain below. No Yes

Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, or entered a pre-trial intervention program for a misdemeanor or felony criminal charge, or are there currently any criminal charges pending against you? If yes, please explain below. No Yes

During your lifetime, have you ever been accused or convicted of child molestation, child abuse, assault, lewdness or sex offences of any nature? If yes, please explain below. No Yes

How would you describe your greatest strength and greatest weakness?

Professional References

May we contact your present employer? No Yes

Employer	Supervisor w/Title	Phone

Personal References

Reference	Relationship	Phone

Attach your resume to this job application form and send or drop off to address below.

Applicant's Statement and Consent for Release of Information

St. Petersburg Christian School does not unlawfully discriminate in hiring or employment on the basis of race, color, national origin, sex, age, handicap or the presence of a non-job-related medical condition. No question on this application is intended to secure information to be used for such discrimination.

I do hereby agree to forever release and discharge Suncoast Cathedral/St. Petersburg Christian School and/or its contracted background reporting service or agent to now (or at any time while employed) 1) conduct a verification of my education, previous employment/work history, credit history, Workers' Compensation injuries, motor vehicle records, 2) contact professional and personal references, 3) require a blood specimen and/or urine sample to be tested for the presence of drugs or alcohol, 4) receive any criminal history record information pending, closed, or sealed pertaining to me that may be in the files of any federal, state, county or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and Workers' Compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable state laws. The results of this verification process will be used to determine employment eligibility. All results are confidential, and as such, will only be available to responsible staff and/or ministry leaders on a need to know basis relative to the selection of the most qualified candidate.

I understand and acknowledge that any employment relationship with this organization is "at will" i.e. the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by the SPCS School Board.

I declare that the answers given by me on this application are true and correct without pertinent omissions. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I will comply with all rules and regulations as set forth in the Faculty Manual. I understand, also, that I am required to abide by all rules and regulations governing the ethical, moral, and religious values of this organization. .

Applicant Signature

Date

Criminal Records Check Authorization

I request and give my consent for any federal or state law enforcement department or agency to release information, records, details and files of any convictions contained on me therein, whether local, state or national, to St. Petersburg Christian School (SPCS). I also release any law enforcement department or agency from any potential liability resulting from the release of the above information.

I certify that the information below is correct and true to the best of my knowledge. I authorize SPCS to use the information in completing the investigation of official law enforcement files of criminal violations and files of child abuse agencies.

I understand that a record of conviction will not necessarily be a bar to my employment and that factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

I understand that this information will be kept confidential and limited to those staff involved in the selection process. I waive any rights I might have to see the comments of my references and contacts. I release SPCS, and any associated organizations, employees and agents, from any potential liability for damages that could possibly accrue to me or my family as a result of providing information due to this request.

Personal Information

Full Name	Today's Date
Current Address	
Date of Birth	Place of Birth
Other Names or Aliases	
Maiden Name (if applicable)	
Social Security Number	
How long have you resided in Florida?	

Previous Addresses

Address with City, State, and Zip Code	From	Until

Applicant's Signature

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