

ANCHOR CHRISTIAN ACADEMY

PO Box 188 - Hammond, OR - 97121 503.994.1696 - www.anchorchristianacademypnw.com

Employment Application

Thank you for your interest in employment at Anchor Christian Academy. Anchor Christian Academy is a ministry of Gateway Community Church. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Anchor Christian Academy will be based on merit, qualifications, and abilities. Anchor Christian Academy does not discriminate in employment opportunities or practices on the basis of race, color, sex (as determined at birth and not subject to change), national origin, age, disability, or any other characteristic protected by law, except when an otherwise protected characteristic is a bona fide occupational qualification. The receipt of this application does not mean that job openings exist or does not obligate Anchor Christian Academy in any way. We appreciate your interest in our school.

If you find it necessary to provide further comments or explanations to questions asked within this application, please attach additional sheets of paper. Please print clearly or type all information.

Personal Information						
Name (First, MI, Last):						
Address (Street Address, City, State, Zip):						
Phone Number:	Email:					
Position Applying for:	Available Start Date:					
Are you related to any employee(s) of Anchor Christian Academy?						
If yes, name the person(s) and their relation to you:						
Do you have any children that you would like to attend ACA? Yes No How many:						
If yes, what age/grade will they be at time of emplo	oyment?					
Have you ever applied for a position here before?	Yes No Date of Last Application:					
Have you ever been discharged or requested to resign from a position? Yes No						
If yes, please explain:						
What languages do you speak read, and write flue	ently?					

organization:		
Education Information (if you need more	space to list further educational infor	mation, please attach an additional sheet.)
High School:	City:	State:
College:	City:	State:
Graduate School:	City:	State:
Additional Graduate School:	City:	State:
Other applicable education & specialize	ed training:	
Are you currently pursuing a degree fro	m an accredited institution o	f higher learning? Yes No
f yes, where are you enrolled and what	is your course of study?	
Please briefly give your Christian Testin	nony:	
	nony:	
Please briefly give your Christian Testin	nony:	
Please briefly give your Christian Testin	nony:	
Church Affiliation Church Name:	nony:	
	nony:	

Employment Experience Current Employer Employer: ______Phone: _____ Position Held: _____ Dates: _____ Supervisor: _____ Briefly list primary duties and responsibilities: ______ Reason for leaving (please be specific): ______ May we contact your supervisor for a reference? Yes No Former Employer #1 Employer: _____ Address: _____ Phone: _____ Position Held: _____ Dates: _____ Supervisor: _____ Briefly list primary duties and responsibilities: ______ Reason for leaving (please be specific): ______ May we contact your supervisor for a reference? Yes No Former Employer #2 Employer: _____ Address: ____ Phone: ____ Position Held: ______ Dates: _____ Supervisor: _____ Briefly list primary duties and responsibilities: ______

Reason for leavin	g (please be spec	ific):		
May we contact y	our supervisor for	a reference?	es No	
Reason for leavin	g (please be spec	ific:		
May we contact y	our supervisor for	r a reference?	es No	
References (if you	have provided a resum	e that includes this inform	ation, proceed to the next se	ction of the application)
Name	Address	Phone #	Relationship	Years Known
1.				
2.				
2				

Applicant's Statement (Please read carefully!)

I, the undersigned, declare that the facts set forth in this application for employment are true, complete, and correct to the best of my knowledge. I authorize the use of any information in this application and any attached supplements to verify my statements. I understand that if employed, false statements within this application shall be considered sufficient cause for dismissal.

I give my authorization to Anchor Christian Academy and its representatives-hereafter referred to as ACA-to make any investigation into my personal history, employment and educational history, financial and credit record, etc. through any investigative means or services of their choice in compliance with all applicable laws or statutes in order to verify the information on this form. I am willing to request and submit to ACA background reports on myself from any and all criminal justice agencies in any or all federal, state, and county jurisdictions, driving records, birth records, and any other public records. ACA may contact my references, employers, churches, educational institutions, and any and all appropriate government agencies deemed necessary in order to verify my suitability as a potential employee.

I authorize all references, current and past employers, schools, churches, record custodians, and any other persons or organizations, whether or not identified in this application, to give ACA any information (including opinions) and answer any and all questions asked regarding my ability, character, reputation, and previous employment. I release all such persons, both collectively and individually, from any and all liability or damages of whatever kind or nature that may at any time result to me, my heirs, or family on account of having furnished

such information. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I understand that employment at this organization is "at will", and includes no guarantee, contract, or promise of employment for any specified length of time. I further understand that a criminal record check may be conducted on me, and I consent to such a check.

I have read and agree to be bound by the statement of faith (attached) and policies of ACA, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of ACA. If I violate these guidelines, I understand that my employment status may be terminated.

Signature:	 Date:	

Thank you for participating in this process. Once this form is completed, please return to Anchor Christian Academy by using one of the following methods: By email to: office@acapnw.com or in person at 796 Pacific Dr., Hammond, OR 97121.