

*Please return: completed application
Christian testimony
resume (if applicable)*

Alpha Omega Academy

P O Box 8419, Huntsville, TX 77340 (3891 Hwy 30 W.); www.alphaomegaacademy.org
Phone (936) 438-8833; Fax (936) 438-8844; office@alphaomegaacademy.org

Non-Teacher Employment Application

Your interest in Alpha Omega Academy is appreciated. We invite you to fill out this initial application and return it to our school office. If an opening occurs for which it appears you may qualify, we will contact you for a personal interview as well as contact your references.

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. Luke 6:40

We look forward to receiving your initial application. 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 NAME AND ADDRESS

Application date _____ Date available _____

Full Name _____ Soc. Sec. No. _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address _____

Physical Address (if different from above) _____

How long have you lived at the above address? _____

Permanent Address if different from above _____

Please list additional addresses where you have resided at any time in the past five years.

Are you at least 18 years old? Yes No

Have you ever been convicted of a felony or accused of a crime involving moral turpitude? If yes, please explain. (An affirmative response will not automatically disqualify you from being considered as a candidate for employment.) _____

POSITION DESIRED ___ Full-time ___ Part time ___ Substitute

___ Administrative ___ Teacher Assistant ___ Librarian ___ Other

Special Abilities: _____

Future Plans: (What would you like to be doing five years from now?) _____

CHRISTIAN BACKGROUND

In your own handwriting on a separate sheet of paper, briefly give your Christian testimony.

BIBLE

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

_____ Yes _____ No Signature: _____

STATEMENT OF FAITH

Please carefully read our Statement of Faith and indicate below your degree of support.

Alpha Omega Academy believes:

1. The Bible to be the only inerrant, authoritative Word of God.
2. That there is one God, eternally in three Persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent.
3. In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. That for the salvation of the lost and sinful, regeneration by the Holy Spirit is absolutely necessary.
5. That salvation is by grace through faith alone.
6. That faith without works is dead.
7. In the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
8. In the resurrection of both the saved and the lost, they that are saved to the resurrection of life and they that are lost to the resurrection of damnation.
9. In the spiritual unity of all believers in our Lord Jesus Christ.
10. The biblical definition of marriage as between one man and one woman.

_____ I fully support the Statement as written without mental reservations.

Signature: _____

_____ I support the Statement except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction. Signature: _____

CHURCH SERVICE

Denominational preference? _____

What is your local church affiliation? _____

Are you presently a member in good standing? _____ Years? _____

What church activities do you participate in and with what degree of regularity? _____

What other Christian service have you done since becoming a Christian? _____

What is your attitude toward working with those of other races and those of other denominational beliefs? _____

DEVOTIONAL LIFE

Describe your routine of personal bible study and prayer. _____

What books have you read recently that have helped you spiritually? _____

EMPLOYMENT HISTORY

Please start with your current or most recent employer and work backwards for the past ten years. If necessary, you may make copies of this page, or following the same format, write it on a separate sheet of paper.

1. Employer _____ Position _____
Address _____ Dates of Employment _____
Supervisor's Name and Phone No. _____
Reason for leaving _____

2. Employer _____ Position _____
Address _____ Dates of Employment _____
Supervisor's Name and Phone No. _____
Reason for leaving _____

3. Employer _____ Position _____
Address _____ Dates of Employment _____
Supervisor's Name and Phone No. _____
Reason for leaving _____

4. Employer _____ Position _____
Address _____ Dates of Employment _____
Supervisor's Name and Phone No. _____
Reason for leaving _____

5. Employer _____ Position _____
Address _____ Dates of Employment _____
Supervisor's Name and Phone No. _____
Reason for leaving _____

PERSONAL REFERENCES

You will need to sign the **Reference Release Form** that is attached and return it with this application. Do not list family member or relatives for references.

List three references that are qualified to speak of your spiritual experience and Christian service. List your current pastor first.

NAME	COMPLETE ADDRESS	PHONE	POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List three references that are qualified to speak for your professional training and experience. List your current or most recent supervisor first.

NAME	COMPLETE ADDRESS	PHONE	POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand **Alpha Omega Academy** does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or disability.

_____ Initials

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be paid and receive benefits only through the day of release. _____ Initials

I authorize **Alpha Omega Academy** to thoroughly investigate references, work records, evaluations, education, and other matters related to my suitability for employment. _____

Initials

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. _____ Initials

I authorize Alpha Omega Academy to thoroughly investigate with a criminal background check.

_____ Initials

In addition, I hereby release my current employer, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. _____ Initials

I waive the right to ever personally view any references given to **Alpha Omega Academy**.

_____ Initials

Since I will be working with children, I understand that I must submit to a fingerprint check by the FBI and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as necessary for such an investigation. I agree to allow **Alpha Omega Academy** to conduct a criminal records check. ____ Initials

I understand that this is only an application for employment and that no employment contract is being offered at this time. _____ Initials

I certify that I have carefully read and do understand the above statements. _____ Initials

Signature of Applicant

Date

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I declare that the statements contained in this application are correct and understand that withholding information or making a false statement in this application and information submitted therewith or at any time during the application and pre-employment process will be the basis for my application not to be considered and/or dismissal. I authorize all employers, educators and other firms or person named herein to provide Alpha Omega Academy with information regarding my education, employment and medical history as well as to authorize Alpha Omega Academy to thoroughly investigate references, work records, evaluations, education, and other matters related to my suitability for employment; furthermore to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure; and release all such individuals of entities from any and all liability for any damages that may result from furnishing information regarding me.

_____ Initials

I agree that if any of my answers become inaccurate, I will immediately notify the Headmaster of AOA of the corrected information. _____ Initials

I understand that this application does not obligate Alpha Omega Academy to offer me employment or to hire me. I further understand that if I am employed by Alpha Omega Academy, my employment will be on an “at will” basis and may be terminated by Alpha Omega Academy at any time with or without cause or notice unless under contract.

_____ Initials

I agree to a pre-employment drug test. Should the results of this test be unsatisfactory, in the judgment of Alpha Omega Academy, I will not be given further consideration for employment or any offer of employment will be withdrawn. I further authorize the doctor/medical review officer designated by Alpha Omega Academy to release any and all information regarding this pre-employment drug test to Alpha Omega Academy.

_____ Initials

I waive the right to ever personally view any references given to **Alpha Omega Academy**.

_____ Initials

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Applicant's Signature

Applicant's Social Security Number

Date