



**Assistant Teacher Application
2017-2018**

Your interest in Downtown Academy is appreciated. We invite you to fill out this initial application and return it to our school office. Applications are to be completed and submitted in person, via mail, or emailed in 'pdf.' format to the Head of School. Address applications to:

*Downtown Ministries
165 Pulaski Street, Athens, Georgia 30601*

or

patrickennis@downtownministries.org

All applications will be considered and contact will be made to parties we wish to interview.

We realize one of the keys to a successful Christian school is its staff. We are seeking applicants who are professionally qualified, who really love children, and who, by 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.

Personal Information:

Full Name: _____

Date of Birth: ____/____/____ Date available: ____/____/____

Driver's License #: _____ State: _____

Phone: Days (____) _____ - _____ Evenings (____) _____ - _____

Email address: _____

Permanent mailing address: Street _____

City _____ State _____ Zip _____

Position Information:

Please indicate 1st & 2nd choice in parenthesis: () K5 () 1st Gr

How did you learn about the position for which you are applying?

Professional Qualifications:

List All Degrees Earned
Degree

Issuing Institution

Date Received

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sequentially list your teaching experience with the most recent first.

School's Name

Grade or Subjects

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a valid teaching certificate? Yes _____ No _____

If yes: What state and type? _____

Valid until _____

Please describe any and all experience working with academically disenfranchised, culturally different, or economically disadvantaged youth:

Please describe any and all experience working with children with learning disabilities:

Please describe any and all experience working with children with behavioral issues:

Describe any other courses or experiences you have had contributing to your training:

Christian Background:

- *In your own handwriting, on separate paper, briefly give your Christian Testimony.
- *In your own handwriting, on separate paper, briefly describe your biblical worldview.

Do you believe the Bible to be the ONLY inspired and infallible Word of God, and our final authority in all matters of faith, truth, and conduct? Yes_____ No _____

Please briefly describe your method(s) for resolving a conflict of misunderstanding between you and another colleague, parent, or school staff member.

Denominational Preference?

With what local church are you presently affiliated?

Are you presently a member in good standing?

Yes_____ No _____ Years_____

Employment History:

Please list work history that you have held that may have significance for the position for which you are applying. These listings may be contacted as professional references unless you indicated otherwise.

Position _____ Date of Employment _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

Position _____ Date of Employment _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

Position _____ Date of Employment _____

Address _____

Supervisor's Name: _____ Phone Number: _____

Reason for leaving: _____

Have you ever been accused, charged or convicted of any misdemeanor or felony involving child endangerment, child abuse, or any other alleged unlawful actions towards children? Yes_____ No _____

If yes, please provide details including dates, jurisdiction, and status of final disposition of case:

Have you ever been accused, charged, indicted, or convicted of a crime other than a minor traffic violation? If yes, please provide details including dates, jurisdiction, and status of final disposition of case: .

Can you submit verification of your legal right to work in the US? Yes_____ No _____

References:

Please list up to three professional references who may be contacted regarding your application to teach at Downtown Academy.

Name: _____ Organization, Title: _____

Phone and Email: _____

Briefly describe your relationship to the reference: _____

Name: _____ Organization, Title: _____

Phone and Email: _____

Briefly describe your relationship to the reference: _____

Name: _____ Organization, Title: _____

Phone and Email: _____

Briefly describe your relationship to the reference: _____

Applicant's Certification and Agreement

I understand that Downtown Academy does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified disability. I hereby certify that the facts set forth in this application process are true and complete to the best of my knowledge.

I understand that falsification of any statement or significant omission of facts may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If my employment is terminated under these circumstances, I further understand and agree that I will be paid and receive benefits only through the date of termination.

I authorize Downtown Academy to thoroughly interview the primary references that I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my testimony, work history, or any other statement made by me in this application. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

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. In addition, I hereby release the school, its offices, board members, agents, employees, my former employers, references, and all other parties from any and all claims demands, liabilities or losses arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

Since I will be working with children, I understand that I must submit to a full background check by the FBI and any other federal and state authorities necessary or desirable in the sole discretion of the school. I agree to fully cooperate in providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including but not limited to criminal background information acceptable to the school in its sole and absolute discretion. The school may refuse employment or terminate any employment if any background information deemed to be unfavorable or would reflect adversely on the school or on me as a Christian role model in the sole and absolute discretion of the school.

I understand that this is only an application for employment and that no employment contract is being offered at this time. I also acknowledge and agree that any offer of employment will be subject to my acceptance and execution of an employment contract for the 2014-2015 school year and, that employment agreement notwithstanding, I will be an employee at will in accordance with Georgia law.

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

Signature of Applicant

Date



Background Check Authorization Form

Part 1: To be completed by Applicant

I, _____, hereby authorize Downtown Ministries of Clarke County and/or its agents to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for Volunteering now and, if applicable, during the tenure of Volunteering for Downtown Ministries.

I release Downtown Academy and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims and law suits in regards to the information obtained from any and all above referenced sources used.

Signature of Applicant

Date

Please list all resident addresses for the past seven years – use separate sheet if necessary.

Last Name	First Name	Middle Name
Current Address	City, State, Zip, County	How Long?
Prior Address	City, State, Zip, County	How Long?
Prior Address	City, State, Zip, County	How Long?
*Social Security #	*Date of Birth (mo/day/yr)	
*Driver's License #	Issuing State	Male/Female

*The above information is required for identification purposes only and is in no manner used as qualifications for employment.

Part 2: To be Completed by the Downtown Academy Representative making the search request.

Name of School Representative Patrick Ennis	Title Head of School	School Name Downtown Academy
School Address 165 Pulaski Street	City, State, Zip Athens, GA 30601	County Clarke
Telephone Number (706) 380-9595	Fax Number	Account #

Please indicate which search you want completed on the applicant identified above.

- () Federal Criminal Background Check () Motor Vehicle Record