



KINGDOM
CHRISTIAN ACADEMY

Where Academics & Faith Unite

KINGDOM CHRISTIAN ACADEMY
OF CALLAWAY COUNTY, MISSOURI

2051 Silver Drive • P.O. Box 6166 • Fulton, MO 65251

Phone: 573-642-2117 • Fax Number: 573-642-2022

Email: office@kcasaints.net • Website: www.kcasaints.org

STAFF APPLICATION FORM

FULL NAME: _____ DATE: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Social Security Number: _____ Sex: _____

Date of Birth: Month ____ Day ____ Year ____ Place of Birth: _____

Maiden Name (if applicable): _____

Marital Status:

() Married, () Single, () Divorced*, () Divorced and Remarried*, () Separated*

*If this status is checked, a letter of explanation must accompany this application.

Spouse's Name: _____ Occupation: _____

Children:

Name: _____ Date of Birth: Month ____ Day ____ Year ____ Sex: _____

Name: _____ Date of Birth: Month ____ Day ____ Year ____ Sex: _____

Name: _____ Date of Birth: Month ____ Day ____ Year ____ Sex: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Position:

() Administrator

() Preschool

() Middle School: subject

() Office Manager

() Kindergarten

area _____

() Custodian

() Elementary

OFFICE USE ONLY

Date Request Received: _____ Date Application Mailed: _____ Date Received: _____

Date of Background Check: _____ Result of Background Check: _____

Date of Interview: _____ Interviewer: _____ Date of Board Approval: _____

1. Are you actively involved in a local church? _____ If so, in what aspects are you involved?

Name of Church: _____ Denomination _____

Pastor's/Minister's Name: _____ Pastor's Phone: _____

_____ Church Phone: _____

Address: _____

2. In your own handwriting, please tell us about your walk with Christ, how you came to know the Lord, and how He has led you to where you are today.

3. Please list any other areas of ministry or Christian service in which you have been involved:

4. What books have you read recently that have helped you spiritually?

5. Please comment on the Lord's leading in your life toward Christian Education.

6. What do you believe are the distinctive characteristics and advantages of Christian Education?

7. Please comment on your philosophy of discipline in the Christian school.

8. What is your attitude toward working with those of other denominational beliefs and ethnic or racial backgrounds?

9. Do you use tobacco, alcohol, or drugs in any form? If yes, explain below:

EDUCATIONAL EXPERIENCE

| | Name of School | Address | Dates Attended | Degree |
|-----------|-----------------------|----------------|-----------------------|---------------|
| Secondary | | | | |
| College | | | | |
| Graduate | | | | |

What is/was your major field of study?

What are/were your minors?

Certifications held:

Academic and Athletic Honors, Extracurricular Activities, Offices Held and Travel:

Organizations/volunteer work in which you have been involved:

Would you like to sponsor or assist with any specific school activities?

Please share your philosophy of education.

TEACHING OR WORK EXPERIENCE

Employer: _____
Address: _____
Position: _____
Dates of Employment: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Position: _____
Dates of Employment: _____
Reason for Leaving: _____

Employer: _____
Address: _____
Position: _____
Dates of Employment: _____
Reason for Leaving: _____

References: (If you have had teaching experience, include your last superintendent and principal among your references. If you have had no teaching experience, include references that can attest to your qualifications to fill this position.)

1.
Name _____ Position _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

2.
Name _____ Position _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

3.
Name _____ Position _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Christian School Preparation:

What courses, if any, have you had in Christian Philosophy of Education?

When?

Where?

Have you had other courses giving specific training for Christian schools?

When?

Where?

Name of Course(s)?

Are you familiar with various Christian curriculums (ie., A.C.E., A Beka, Bob Jones, etc.)? If so, which ones?

Please indicate your degree of support for our Statement of Faith and Lifestyle Statement.

_____ I fully support the KCA Statement of Faith and Lifestyle Statements as written without mental reservations.

Signature: _____

_____ I support the KCA Statement of Faith and Lifestyle Statements except for the area(s) listed and explained on a separate page. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: _____