



AN ACCREDITED CHRISTIAN SCHOOL
PK – 12TH

5100 Blue Hole Road
Antioch, Tennessee 37013
615-331-6286 615-331-2491 (fax)

Lighthouse Christian School

EMPLOYMENT APPLICATION

“Let your light so shine before men that they may see your good works
and glorify your Father which is in heaven.” Matthew 5:16

Date of Application _____

Contact Information

Full Name _____
Last First Middle

Date of Birth _____ Social Security # _____

Current Address _____
Number & Street City & State Zip

Daytime Phone _____ Evening Phone _____

Email Address _____ Fax Number _____

Cell Phone _____

Marital Status: Married Single Divorced Separated Widow(er)

Position Information

• Position applying for: _____ Salary Desire? _____

• Employment desired: Full-time only Part-time only Full or Part-time

• On what date would you be available to start work? _____

• Are you currently employed? Yes No

• If yes, may we contact your employer? Yes No

Contact name and number: _____

• What is your present position? _____

• When are you available to begin work? _____

Why do you wish to work at LCS?

Please list any skills you may have:

Type of computers, other electronic equipment you are qualified to operate:

Additional Skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to our attention:

Professional Qualifications

Name of High School: _____ Location: _____

College, University or Professional School

Institution	Location	Dates Attended	Major/Minor	Degree Date Received	Cum. GPA

Please list any professional organization memberships, or other special mentoring, professional conference speaking and/or leadership experience:

Description	Location	Date

Describe your background and use of technology: _____

Employment History

Sequentially list your employment history for the past 10 years, beginning with the most recent. If you need additional space, please continue on a separate sheet of paper.

School and Address	Phone Number	Grade	Subject	Dates	May we contact?
				From: To:	
				From: To:	
				From: To:	
				From: To:	

Personal Information

- Have you ever filed an application with us before? Yes No
- Have you ever been suspended without pay, dismissed from employment or resigned while an investigation was in progress for possible disciplinary action? Yes No
If yes, where and when? _____
- 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? Yes No

If yes, please explain below or on a separate sheet and attach to this application.

Christian Background

- Briefly describe your salvation experience and current spiritual walk

- Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, conduct and truth?
 Yes No Signature: _____
- Please carefully read the State of Faith and indicate your support. (Page 5 & 6)
 I fully support the Statement as written without reservations.

Signature: _____

- Please carefully read the attached Job Description. (Page 7)
- fully support the Job Description as written without reservations.

Signature: _____

- Name and address of church you attend: _____
- Are you a member? Yes No Number of years? _____

Pastor's Name _____

- What church activities and/or service are you involved in and with what degree of regularity?

References

List at least three references that are qualified to speak of your spiritual and professional qualifications. Do not list family members or relatives as references. **Indicate (P) for professional or (S) for spiritual reference.**

Name	Complete Address	Phone (w/ area code)	P/S

Sexual Misconduct/Child Abuse Statement

To properly protect our children, all those serving in ministry capacities involving children/youth should provide the following information. Please sign and date your response. All responses are confidential.

During your lifetime, have you ever been accused of child molestation, abuse, assault, lewdness, or sex offenses of any nature? Yes No

If yes, please explain the nature of the accusation, charge or conviction.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

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

Applicant's name (please print): _____

Applicant's signature: _____ Date: _____

LIGHTHOUSE CHRISTIAN SCHOOL

Mission Statement

Lighthouse Christian School exists to glorify God by offering a Christ-centered, quality education that assists parents in training their children to be disciples of Jesus Christ.

Our Philosophy in Summary

There is final, absolute truth, which as a unit centers in the creator God.

This truth is revealed in the Bible and is personified in Jesus Christ, the Eternal Son of God.

Christian education is a Christ-centered, biblically-integrated process of developing spiritually, mentally, physically, and intellectually mature young people.

The ultimate aim of life is not adjustment to the society but conformity to Christ.

The objective is achieved by a disciplined life of sacrificial service, patterned after Him who pleased not Himself.

Statement of Faith

We believe in the verbal inspiration and authority of the Scriptures. We believe that the Bible reveals God, the fall of man, the way of salvation, and God's plan and purpose in the ages.

We believe in God the Father, God the Son, and God the Holy Spirit.

We believe in the deity, virgin birth, and bodily resurrection of Jesus Christ.

We believe that salvation is by grace, through faith in Jesus Christ. The conditions to salvation are repentance and faith.

We believe that men and women are justified by faith alone and are accounted righteous before God only through the merit of our Lord and Savior Jesus Christ.

We believe in the visible, personal, and imminent return of Jesus Christ.

Non-Discriminatory Policy

LCS does not discriminate on the basis of race, color, National or ethnic origin, sex, age, or handicap in administration of its educational policies, or athletic and other school program.

I support the above mission statement, philosophy, and agree with the doctrinal statement of Lighthouse Christian School.

Signature

Date

Authorization Consent to Conduct Background Investigation

I hereby authorize Lighthouse Christian Fellowship/Lighthouse Christian School and the background investigation company to conduct an appropriate background investigation including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust. I authorize all persons who may have information relevant to this background investigation to disclose it to background investigation company, and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

I also authorize any person, organization or agency having knowledge of my conduct or activities, or any past or present employer, or an Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or any Dean, Registrar, Principal, Counselor, Instructor or other authorized person at a School (University, College, High School, Trade School, or other), or any doctor, hospital, clinic or sanatorium, or any Department or Agency of a City, County, or State Government, or of the Federal Government to release all information to the background investigation company and its agents for background investigation purpose.

I release Lighthouse Christian Fellowship, Lighthouse Christian School and the background investigation company and its agents from all liability resulting from the collection, use or disclosure of the information obtained during the above investigation.

I certify the information given is complete and true. I have read this release and consent, understood its terms, realize its significance and sign it voluntarily.

Applicant Name:

Prefix: _____ Last Name _____ First Name _____ Middle _____

Applicant Alias or Maiden Name:

Prefix: _____ Last Name _____ First Name _____ Middle _____

Prefix: _____ Last Name _____ First Name _____ Middle _____

Applicants Address:

Current Address _____
Street City State Zip

Method of Contact:

Daytime Phone _____ Cell Home Work

Email: _____

Demographic Data:

Date of Birth _____ Gender F M Height _____ Weight _____

Race _____ Hair Color _____ Eye Color _____ State of Birth _____

Country of Citizenship (if other than USA) _____ Social Security #: _____

Applicant's Signature: _____ Date: _____

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for non-criminal justice purpose (such as an application for employment or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below:

- Your fingerprints will be used to check the criminal history records of the FBI.
- Your information will solely be used to check your criminal history. The information collected will be retained in your employee file.
- In the event you have a criminal history record, you will have the opportunity to complete or challenge the accuracy of the information in the record within one (1) week of the reported results.
- The procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations. (CFR), section 16.32
- If you have a criminal history record, you will be afforded one (1) week correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decided to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

I have read the Non-Criminal Justice Applicant's Privacy Rights:

Signature

Date

Printed Name