



Veritas Classical Schools
Employment Application

I. Personal Information

Name _____
Last First Maiden/Middle

Social Security # _____ Date _____

Current Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell # _____

E-mail Address _____ Position Desired _____

Are you legally eligible for employment in the United States? Yes _____ No _____

If no, please explain: _____

Date of Birth: (optional) ____/____/XXXX Spouse: (optional) _____

Marital Status: Single Married Widowed Divorced Remarried

II. Educational History

School and Location Dates Degree or Diploma Major Minor

Post Graduate Courses (list courses)

Are you certified? Yes _____ No _____ In what state: _____

III. Professional History

Present Employment

School/Company: _____

Address: _____

Position Held: _____ Number of years teaching: _____

Reason for Leaving: _____

Grades/Subjects: _____

School Principal: _____ Phone: _____

Why do you desire a change from your present position? _____

Teaching Experience

School: _____

Address: _____

Position Held: _____ Number of years teaching: _____

Grades/Subjects: _____

Reason for Leaving: _____

School Principal: _____ Phone: _____

School: _____

Address: _____

Position Held: _____ Number of years teaching: _____

Reason for Leaving: _____

Grades/Subjects: _____

School Principal: _____ Phone: _____

IV. Placement Information

What grades or subjects are you **prepared** to teach?

What are your strengths/gifts for teaching?

Have you had any experience teaching the classical model? ____ Yes ____ No

Have you had any experience teaching Charlotte Mason methods? ____ Yes ____ No

V. Personal View

Please attach a brief profession of your Christian faith, the growth and development of your faith, and your present walk.

Church presently attending _____

How long? _____ Member? _____ Pastor _____

Denominational preference _____

Church activities involved in (please indicate the degree of regularity):

VI. Additional Information

Have you ever been terminated from a job, teaching or other? Yes _____ No _____
If Yes, please explain: _____

Have you ever not had your teaching contract renewed? Yes _____ No _____
If Yes, please explain: _____

Have you ever had a problem in the area of child abuse/molestation or been accused or convicted of molesting children? Yes _____ No _____
If Yes, please explain: _____

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? Yes _____ No _____
If Yes, please explain: _____

Has an investigation been conducted or was one pending at the time of separation from any prior employment? Yes _____ No _____ If yes: explain _____

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to youth or children's work? Yes _____ No _____
If Yes, please explain: _____

VII. References

Spiritual - A spiritual leader, other than your pastor, who knows you well.

Name _____ Phone _____

Professional - A person who has supervised your work in education.

Name _____ Phone _____

Name _____ Phone _____

If you have any questions, please feel free to call the school office at the number below.

Non-Discriminatory Policy: *It is and shall be the policy of Veritas Classical Schools in the admission of students and in the hiring of employees, not to discriminate on the basis of the applicant's race, color, sex or national or ethnic origin. (You may waive the right to answer any questions under the heading of Personal Information.)*

Complete and mail to:

<i>North Atlanta Campuses</i> Dave Kinsey, Director 12460 Crabapple Road STE 202, #270 Alpharetta, GA 30004 770-753-8941	<i>Macon Campus</i> Angie Walls, Director P.O. Box 64 Perry, GA 31069 478-319-5522	<i>Memphis Campus</i> Jill Marr, Director 4198 Destin Drive Olive Branch, MS 38654 662-895-9511
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OFFICIAL BACKGROUND CHECK

BUSINESS: *Veritas Classical Schools*

REASON FOR BACKGROUND CHECK: Employment

ARE YOU CURRENTLY EMPLOYED BY OR SEEKING EMPLOYMENT AT
VERITAS CLASSICAL SCHOOLS? (YES OR NO)

I hereby authorize VERITAS CLASSICAL SCHOOLS to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

PLEASE PRINT CLEARLY

Full Legal Name:						
Last:		First:			Middle:	
Maiden Name:				Nickname:		
Street Address:				Daytime Phone:		
City:		County:		State:		Zip:
Date of Birth:	Month	Day	Year	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number:						
If a resident of Georgia less than 7 years, please state previous residence: (If more than 2 residences, list on reverse side.)						
State _____		County _____		From _____	To _____	
				month / year	month / year	
Name used in this county: _____						
State _____		County _____		From _____	To _____	
				month / year	month / year	
Name used in this county: _____						

Signature of Applicant / Volunteer

Date

A Photostat or any other copy of this instrument bearing my signature shall be as legal as the original.