



Desert Springs Christian Academy Employment Application

Name _____
Last First Middle

Date of Birth (Mo/Day/Year) ___/___/___ Social Security # ___-___-___

Current Address: _____
Street City State Zip

Home Phone: (____) _____ Mobile Phone: (____) _____

Driver's License Number: _____ Issuing State _____

Email Address: _____

Marital Status: _____ Name of Spouse _____

Emergency Contact: _____
Name Phone

Do you attend church regularly? _____ If yes, name of church _____

If no, please explain _____

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Have you ever been accused, arrested, or convicted of child abuse, neglect, or a crime involving actual or attempted sexual molestation of a minor or other sexually related crime? Yes No

If yes, please explain _____

Do you use illegal drugs? Yes No

Have you ever been hospitalized or treated for alcohol or substance abuse? Yes No

If yes, please explain: _____

Are there any circumstances involving your lifestyle or your background that would call into question your ability to work with children? Yes No

If yes, please explain _____

Is there anyone on the faculty or staff of Desert Springs Christian Academy who could provide background information and/or a character reference for you?

Name: _____

Name: _____

Education

High School Attended: _____ Graduated? (Y/N) _____

City/State: _____ Year Graduated: _____

Beginning with the most recent, please list all schools attended after high school.

College/University	Address	Dates Attended	Degree	Date Received	Date Expected

Please list any additional education, skill, endorsements, or life experiences that may relate to the position you are applying for (Ex. Sunday School teacher, Little League coach, volunteer, tutor, youth leader, etc.)

Employment Experience

Beginning with the most recent, please list all significant employment experience since high school.

Employer	Current Address	Dates of Employment	Duties	Reason for Leaving

I verify that the information contained in this application is accurate.

Printed Name _____

Signature _____ Date _____

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I authorize my references, present and past employers, and church listed in this application to give Desert Springs Christian Academy any information, including opinions, they may have regarding my character and fitness for work with children as a teacher, substitute, or school faculty member.

This release and authorization acknowledge that Desert Springs Christian Academy may now, or at any time while I am employed, to obtain and use a background report about me. I understand this report may include, but is not limited to verification of education, previous employment, driving record, and criminal record(s) that may be in the files of federal, state and/or local criminal justice agency in any state.

I authorize a criminal background check organization and any of their agents or designated company personnel or a police department to release to the academy any information that pertains to any record of convictions in its file or in any criminal file maintained on my, whether local, state, or federal, and to disclose orally and/or in writing the results of the background request to designated academy administration.

A photocopy or fax of this Authorization and Consent for Release of Information shall be as valid as the original. The results of the verification process will be used to determine employment eligibility. As a result, all results will be kept CONFIDENTIAL. The information will not be available to any parties other than designated academy administration.

I do hereby agree to forever release and discharge the academy, its associates, faculty, and staff, along with law enforcement agencies and background check organizations, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

If information from the background check is utilized in part or in whole in making an adverse decision regarding my application, the academy will provide me with a copy of the report.

I hereby authorize **Desert Springs Christian Academy** to obtain background information on me.

Applicant's Typed/Printed Name _____

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

Additional Documents to Be Submitted

1. One page statement of your relationship with Jesus Christ.
2. Resume of experience.
3. Three Personal/Professional References
(One can be from a current employee of Desert Springs Christian Academy)
4. FOR FACULTY POSITION:

Transcript(s) from colleges and universities attended OR copies of your diplomas.

Instructions for Submission

1. Only COMPLETE applications will be considered.
2. Mail the completed application to:

Desert Springs Christian Academy

210 S. Nevarez

Las Cruces, NM 88001

Attn: Headmaster

or email complete application to: headmaster@dsclions.org

3. You will be notified by e-mail when your application is received.
4. An interview will be scheduled once the application has been reviewed.