

# Grace Fellowship Academy

1300 North Miller Road

Buckeye, AZ 85326

623-393-8883

## Classified Application

### STATEMENT OF FAITH

The Bible to be the only inspired, infallible, authoritative Word of God

There is one God, eternally existent in three persons: Father, Son and Holy Spirit.

I believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.

I believe that repentance and rebirth of lost and sinful man, by the Holy Spirit, is essential for salvation.

There is spiritual unity of believers in our Lord Jesus Christ; many churches but one Lord. The Church is made up of all who put their faith in Jesus Christ and is to give praise to God, build up believers and proclaim the gospel.

### SIGNATURE OF AFFIRMATION

I hereby affirm by my signature that I subscribe to the Grace Fellowship Academy **STATEMENT OF FAITH** and attest that I have not been convicted of a felony, a crime of moral turpitude, nor do I have a record of a founded charge of child abuse or neglect.

\_\_\_\_\_  
*SIGNATURE*

.....

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle (or initial)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date Available

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Issuing State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Church Affiliation

\_\_\_\_\_  
Regular Attendance

\_\_\_\_\_  
Member (yes/no)

## RECORD OF EDUCATIONAL AND PROFESSIONAL PREPARTATION

*Please list highest grade completed:* \_\_\_\_\_ *Passed GED Yes/No*

TYPE OF SCHOOL	NAME	LOCATION	YEARS ATTENDED	DIPLOMA OR DEGREE/FIELD OF STURY (IF COLLEGE DEGREE)
HIGH SCHOOL				
COLLEGE (S)				
TRADE OR TECH SCHOOL				

*Office Skills: Typing Speed* \_\_\_\_\_ *wpm*

*Computer program/software knowledge:* \_\_\_\_\_

*Business Machines Operated:* \_\_\_\_\_

## RECORD OF WORK EXPERIENCE

*List Most Current Employer First*

<i>Employer:</i>	<i>Dates of Employment (from/to):</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

**RECORD OF WORK EXPERIENCE (continued)**

<i>Employer:</i>	<i>Dates of Employment:</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

<i>Employer:</i>	<i>Dates of Employment:</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

<i>Employer:</i>	<i>Dates of Employment:</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

**PERSONAL REFERENCES**

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

**ADDITIONAL INFORMATION**

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal, race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

ORGANIZATION	OFFICE HELD

**LIST SPECIAL ACCOMPLISHMENT, PUBLICATIONS, AWARDS, ETC.**

Exclude memberships that would reveal, race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

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**MISSION STATEMENT**

To nurture students and to help develop their talents and spiritual gifts in order to live a life of service, impacting the world for Christ.

**PHILOSOPHY**

We, the Board of Directors, administration, and faculty of Grace Fellowship Academy believe the school to be an extension of the home and the Christian Church for the purpose of educating any student who has a desire to be educated in a Christian-oriented atmosphere and whose educational needs the school is prepared to meet. Grace Fellowship Academy’s view of life is based upon the *Bible* as God’s only infallible written revelation to man.

**The student at Grace Fellowship Academy is taught to live a disciplined life under the Lordship of Jesus Christ. Discipline based on God’s Word is prayer-fully administered in Christian love and firmness.**

I hereby certify that have read and agree with the above **MISSION STATEMENT** and **PHILOSOPHY** of Grace Fellowship Academy and do affirm that my beliefs are consistent with those stated.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PERSONAL TESTIMONY**

Grace Fellowship Academy requires employees be Born-again Christian and provide his/her testimony. Please answer the following questions.

1. What is a Christian (believer)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How does one become a Christian (believer)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you committed to being actively involved in a local Bible believing church weekly?

\_\_\_\_\_  
\_\_\_\_\_

4. Write your own personal testimony telling when and how you received Christ as your personal Savior and His meaning in your life. (Additional sheets may be added)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GRACE FELLOWSHIP ACADEMY  
CLASSIFIED CANDIDATE REFERENCE FORM**

DATE \_\_\_\_\_

CANDIDATE'S NAME \_\_\_\_\_

EVALUATOR'S NAME \_\_\_\_\_

Dear Evaluator:

As part of our hiring process, classified candidates are asked to have persons who have knowledge of their professional and spiritual qualities to complete this form. Please complete and return by mail or fax soon as possible. This reference form will become part of the candidate's application document and will remain strictly *confidential*. Thank you for your assistance.

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Please indicate your evaluation of applicant by placing an (X) in the appropriate column.

	Excellent	Good	Average	Fair	Poor	No Date
Spiritual Maturity						
Spiritual Depth						
Christian Role Model						
Efficiency/Work Ethics						
Dependability						
Attitude towards Supervisor						
Rapport w/ Colleagues						
Consideration for others						
Classroom discipline/control						
Sets/maintains high standards						
Motivates Students						
Enthusiasm for Teaching						
Creativity in Teaching						
Professionalism						
Personal Neatness						
Organization Abilities						
Works at infusing Christ into Teaching						
Leadership among colleagues						
Involvement in Extracurricular activities						
Involvement in Church						

1. Please underline any traits listed below which may characterize the applicant.

- a. Can be           IMPATIENT, INTOLERANT, ARGUMENTATIVE, DOMINEERING, SULLEN, CRITICAL OF OTHERS
- b. Easily           EMBARRASSED, DISCOURAGED, DEPRESSED, IRRITATED, ANGERED, MOODY
- c. Frequently     WORRIED, NERVOUS, TENSE
- d. Given to       EXCLUSIVE FRIENDSHIPS, DIVISIVENESS, LACK OF HUMOR, HARD TO GET CLOSE TO

2. Please list below what you feel are the applicants...

**Strongest Points:**

**Weakest Points:**

3. Do you personally believe this person would be a good addition to a Christian school teaching staff?

Yes        No        Doubtful

4. Other Comments that would be helpful for consideration of employment

5. Signature of Evaluator \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Please mail or email to:

Grace Fellowship Academy  
Attention: Geri Parker  
1300 N. Miller Road  
Buckeye, AZ 85326  
Phone: 623-393-8883  
principal@graceinbuckeye.com