



St. Michael's Academy

6735 Fayette Street

Haymarket, Virginia 20169

Tel. 703.754.1948 Fax 703.743.9150

www.st-michaelsacademy.org

To be completed by office staff:

Date Received: _____

Date of Interview: _____

Interviewed by: _____

Date of Hire: _____

Date Personnel Paperwork Completed: _____

Application for Employment

Personal History

(Please type or print legibly using black or blue ink)

Name: _____ Position Applying for: _____
(Last) (First) (MI)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residence Address: _____ City: _____ State: _____ Zip: _____
(If different from mailing address)

Email Address: _____ Date of Birth: _____

Phone Numbers: HOME _____ WORK _____ CELL _____

Social Security Number: _____

Current Employment Status / Interest

Are you currently employed? _____ If yes, where? _____

Will you maintain employment elsewhere if you are hired by St. Michael's Academy? _____

If hired, how soon could you begin working for St. Michael's Academy? _____

What position are you seeking at St. Michael's Academy? _____

Indicate which employment sessions you are applying for: *Academic Year* _____ *Summer Sessions* _____ *Other* _____

What are your salary requirements? _____

Is your employment here contingent upon acceptance of your child(ren) to the school? _____

Christian Background

Name of church you currently attend? _____

Are you a member? _____ If yes, how long? _____

Do you believe Jesus Christ to be your personal Savior? _____ If yes, how long have you been saved? _____

1. Please share what Jesus Christ means to your life: (use space on last page, if necessary)

2. List all activities that you have been or are currently involved in within your church:

Education

Circle the highest grade completed: K 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Graduate studies: _____

Do you have a diploma / GED equivalent? _____

List higher education pursued such as college, university, graduate, trade or vocational schools:

1. Name and address of school _____
Type of school _____ Dates attended: from ___/___/___ to ___/___/___
Major Course of Study _____ Degree Earned _____
2. Name and address of school _____
Type of school _____ Dates attended: from ___/___/___ to ___/___/___
Major Course of Study _____ Degree Earned _____
3. Name and address of school _____
Type of school _____ Dates attended: from ___/___/___ to ___/___/___
Major Course of Study _____ Degree Earned _____

Work and / or Volunteer Experience

(List in reverse chronological order)

1. Company Name: _____ Type of Business: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Rate of Pay: _____
Employed: from ___/___/___ to ___/___/___
Your Duties and Responsibilities: _____

Reason for Leaving: _____
Supervisor: _____ Office Phone: _____ May we contact? Yes / No

2. Company Name: _____ Type of Business: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Rate of Pay: _____
Employed: from ___/___/___ to ___/___/___
Your Duties and Responsibilities: _____

Reason for Leaving: _____
Supervisor: _____ Office Phone: _____ May we contact? Yes / No

3. Company Name: _____ Type of Business: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Rate of Pay: _____
Employed: from ___/___/___ to ___/___/___
Your Duties and Responsibilities: _____

Reason for Leaving: _____
Supervisor: _____ Office Phone: _____ May we contact? Yes / No

Certifications, Honors, Special Training, etc.

List courses, certifications and / or training you have completed. List any special honors you have received.

Professional References (2 Required)

1. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Email: _____
Profession: _____ Title: _____

2. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Email: _____
Profession: _____ Title: _____

Pastoral Reference (1 Required)

1. Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: Home _____ Work _____ Cell _____
Email: _____
Church: _____ Title (Pastor, Rev., Fr., etc.): _____

Physical Data

If there are any positions or job duties you cannot perform due to medical, physical or mental disability or handicap, please describe. _____

Statements of Understanding

I understand that:

- St. Michael’s Academy is a ministry, which is ever changing and developing. If hired, I must be able and willing to work and accept direction with flexibility and adaptability, maintaining a positive, enthusiastic attitude at all times.
- All employees are required to sign a Sworn Disclosure Statement.
- All employees are required to complete a Virginia State Police Criminal Record History Check.
- All employees are required to submit a Health Report Form signed by a certified physician within 30 days of hire date and annually thereafter.
- All employees are required to sign a formal Statement of Faith at hire and annually thereafter.
- All employees are required to abide by all policies, rules and regulations set forth by St. Michael’s Academy to maintain employment.

Signature of Applicant: _____ Date: ____/____/____



St. Michael's Academy

Statement of Faith

The Bible is the inspired, authoritative Word of God. It exists without error and therein contains our instructions for holy living.

There is only one God, who eternally exists in three persons: the Father, the Son and the Holy Spirit.

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

I believe that God has provided forgiveness for all men only through the death of Jesus Christ and that through faith in Him, anyone may experience new life.

I believe in the present ministry of the Holy Spirit and that through His indwelling and infilling the believer is able to live a holy life on earth.

I believe in the resurrection of both the saved and the lost, they that are saved to eternal life and they that are lost to eternal separation from God.

I believe in the spiritual unity of believers in Jesus Christ.

Print Name

Date

Signature

Date

Name of Home Church

Contact Name and Number at Home Church