

ANKENY CHRISTIAN ACADEMY

1604 W 1st Street
Ankeny, IA 50023-2525
515-965-8114
Fax-515-965-8210

www.ankenychristianacademy.org

**Director of Community &
Donor Relations Application**



Name _____ Phone _____ Cell Phone _____

Address _____
Street City State Zip Code

Email address _____ Date you are available to start _____

Position Desired _____ Full-time _____ Part-time _____

I affirm that I am either a U.S. Citizen _____ or an alien legally authorized to work in the U.S. _____ (Check One)

Employment History

Please start with the most recent.

Employer _____ Supervisor _____

Address _____ Phone _____

Supervisor business email address (if known) _____

Position _____ From _____ to _____

Reason for leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Supervisor business email address (if known) _____

Position _____ From _____ to _____

Reason for leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Supervisor business email address (if known) _____

Position _____ From _____ to _____

Reason for leaving _____

Explain your understanding of the inspiration of Scripture.

What activities/responsibilities do you regularly participate in at your church?

Please list any degrees/education you may have in the position for which you have applied.

Authorization to Release Information Form

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign.

I understand that ACA positions that are designated critical require background checks for the purpose of evaluating me for employment. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

PRINT NAME:

Last First Middle

DATE OF BIRTH:

OPTIONAL (REQUIRED

UPON JOB OFFER)

SOCIAL SECURITY #:

HOME PHONE #:

BUSINESS PHONE #:

OTHER NAMES YOU HAVE USED

(INCLUDING MAIDEN NAME):

Current Address:

Street Number & Name

City

State

Zip

How Long?

Have you been background checked at the Ankeny Christian Academy previously?

YES

NO

If yes, please note date (approximate):

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT? YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED UNDER PENAL CODE 1203.45, MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE IMPOSED WAS \$400.00 OR LESS, OR ANY OFFENSE THAT WAS FINALLY SETTLED IN JUVENILE COURT OR REFERRED TO THE YOUTH AUTHORITY. YES NO

If yes, please indicate date, location and explanation:

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME?

YES

NO

IF YES, STATE NAME:

Complete driver's license information only if this position requires that you drive a motor vehicle.

DRIVER'S LICENSE INFORMATION:

License number

Expiration Date

State of Issue

PRIVACY NOTICE

The principal purpose for requesting the information on this form is to conduct background checks on individuals selected for critical positions. ACA policy and federal statute authorize the maintenance of this information. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the Ankeny Christian Academy solicits this information so as to be informed of my previous record and character. I understand that my employment with Ankeny Christian Academy depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE:

DATE: