

# **STOP**

## BEFORE YOU BEGIN FILLING OUT THIS APPLICATION PLEASE READ THE FOLLOWING CAREFULLY.

\*This document must be signed and turned in with your application before employment.\*

#### **Shepherd's Hill Academy Statement of Conduct:**

Shepherd's Hill Academy is committed to creating and maintaining the safest possible environment for all residents in our care. It is our duty to safeguard, to the best of our ability, the welfare of the residents in our care and to prevent the physical, sexual, or emotional abuse of the residents during their enrollment.

#### Reasons NOT to apply to Shepherd's Hill Academy:

- If you have been convicted of <u>any</u> crime of violence or sexual misconduct as defined by the State of Georgia outlined in O.C.G.A Sections 16-4-1, 16-5-23, 16-6-1, 16-21-1 and in Rule .04(2)(a)(1)- (6).
- If you feel you have the potential to break the above Shepherd's Hill Academy Statement of Conduct
- I have been dismissed from a paid or volunteer position due to inappropriate behavior or because of a conviction of a crime of violence sexual misconduct defined by the State of Georgia outlined in O.C.G.A Sections 16-4-1, 16-5-23, 16-6-1, 16-21-1 and in Rule .04(2)(a)(1)- (6).

#### **Application Verification:**

I understand that I will be subject to local, state, and nationwide background checks.

I certify that the statements provided in this application will be true and correct and that I have not withheld any information that would affect this application unfavorably. I also understand that Shepherd's Hill Academy will deny employment to anyone convicted of a crime of violence or sexual misconduct.

NOTE: No matter the seven	rity, a sexual crime/conviction can lead to imprisonment!
Signature of Applicant:	
Please Print Name:	Date:

### **Shepherd's Hill Academy**

### **Application for Employment**

PERSONAL INFORMATIO Name:		
Permanent Address:		
		Zip Code:
*If you are a college student list you	r permanent address and your coll	ege address*
College Address:		
City:	State:	Zip Code:
Please circle which address yo Permanent Address OR	u would like your end of year School Address	ar tax information sent?
How long have you lived at the If fewer than five years, please		?
Previous Address:		
City:	State:	Zip Code:
Previous Address:		
		Zip Code:
Previous Address:		
		Zip Code:
Date of Birth:	Do you have	a valid driver's license Yes or NO
If NO, state reason why:		
Phone Number:		
Email Address:		
In case of an emergency, pleas	e provide at least two Emerg	gency Contacts:
Emergency Contact:		Relationship:
Contact's Number:		
		Relationship:
Contact's Number:		
		r Georgia State Teachers Certification*

EMPLOYMENT HISTORY Provide your employment history for the provided the control of the		
Current Employer:		
Address:City:		Zin Code:
Phone:		
Dates of Employment:		
Supervisor's Name(s):		
Reason for Seeking New Employment:		
Previous Employer:		
Address:		
City:		Zin Code·
Phone:		
Dates of Employment:		
Supervisor's Name(s):		
Reason for Leaving:		
Previous Employer:		
Address:		
City:		Zip Code:
Phone:		
Dates of Employment:		
Supervisor's Name(s):		
Reason for Leaving:		
Previous Employer:		
Address:		
City:		Zip Code:
Phone:		
Dates of Employment:		
Supervisor's Name(s):		
Reason for Leaving:		
Previous Employer:		
Address:		
City:		Zip Code:
Phone:	Position Held:	
Dates of Employment:		
Supervisor's Name(s):		
Reason for Leaving:		

HISTORY WORKING WITH YOUTH  Provide previous history of working with youth either a volunteer and/or paid position the past five years; attach additional sheets if necessary.  Organization or Church:	
Address:	
City: State: Zip Code:	
Phone: Position Held:	
Dates of youth work:	
Director or Pastor:	
Reason for Leaving:	
Organization or Church:	
Address:	
City: State: Zip Code:	
Phone: Position Held:	
Dates of youth work:	
Director or Pastor:	
Reason for Leaving:	
Organization or Church:	
Address:	
City: State: Zip Code:	
Phone: Position Held:	
Dates of youth work:	
Director or Pastor:	
Reason for Leaving:	
Organization or Church:	
Address:	
City: State: Zip Code:	
Phone: Position Held:	
Dates of youth work:	
Director or Pastor:	
Reason for Leaving:	
Organization or Church:	
Address:	
City: State: Zip Code:	
Phone: Position Held:	
Dates of youth work:	
Director or Pastor:	
Reason for Leaving:	

EMPLOYMENT QUALIFICATIONS
Education History:
Name of high school you attended:
State: High School graduation date:  *Must provide proof of high school diploma or transcripts from an accredited institution of higher
learning in accordance with the law required by the State of Georgia Rule 290-2-704(19)*
College Education (list all colleges attended/currently attending):
College Name:
State: Years you attended:
Year of Graduation or year of intended graduation:
List your major(s):
List your minor(s):
College Name:
State: Years you attended:
Year of Graduation or year of intended graduation:
List your major(s):
List your minor(s):
College Name:
State: Years you attended:
Year of Graduation or year of intended graduation:
List your major(s):
List your minor(s):
Qualifications and Training:
What relevant qualifications or training do you have for this position? Please describe in full.

REFERENCES (must have one Pastor referen	nce and at least three person	nal references)
Pastor's Reference:		
Name:	City/Sta	te:
Phone:		
Personal References:		
Name:		
Address:		
City:		Zip Code:
Phone:		
Years known:		
Name:		
Address:		
City:		Zip Code:
Phone:		
Years known:		
Name:		
Address:		
City:		Zip Code:
Phone:		
Years known:		

CRIMINAL HISTORY Circle all that apply:  1) Have your ever been charged with, been convicted of, or pled guilty to any crime(s)?
YES or NO
2) Have you ever been shown by credible evidence (such as a decision of a court or jury, or a department of investigation or other reliable evidence) to have abused, neglected, sexually exploited, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct. YES or NO
If yes, please explain. Also indicate date(s) of incident(s) and the country and state in which each occurred (attach a separate sheet, if needed). Understand that this information must coincide with any information we discover through our own criminal history check to be eligible for employment at Shepherd's Hill Academy.