



# 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. Paul's School? \_\_\_\_\_

If hired, how soon could you begin working for St. Paul's School? \_\_\_\_\_

What position are you seeking at St. Paul's School? \_\_\_\_\_

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. \_\_\_\_\_

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**Statements of Understanding**

I understand that:

- St. Paul’s School 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. Paul’s School 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.

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Print Name

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Date

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Signature

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Date

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Name of Home Church

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Contact Name and Number at Home Church