



## Cornerstone Christian Academy

6450 N. Camino Miraval ♦ Tucson ♦ Arizona ♦ 85718 ♦ www.cca-tucson.org  
ph:520-529-7080 fx:520-529-7140 Mr. John D. Saffold, Principal

Date: \_\_\_\_\_

### *New Staff Application*

#### Personal Information

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Please list any health problems: \_\_\_\_\_

Please list any physical limitations: \_\_\_\_\_

#### Position Applying for:

\_\_\_\_\_

## References

	Name	Address	Phone Number
Pastor of your Church			
Current Employer (or most recent)			
Two people who know you well, other than immediate family members	1. 2.	1. 2.	1. 2.

## Personal Convictions

What do you believe to be taught in Scripture that would relate to abortion and euthanasia?

What is your conviction concerning the lifestyle and spiritual growth of a Christian school teacher? What activities are you involved in for the purpose of spiritual growth?

**Previous Professional Experience**

Place of Employment	Address	Phone	Employed From - To	Title

**Academic Preparation (We will request your complete transcript.)**

Name of Institution	Degree	Major(s)	Minor(s)	Bible Credits (Approximate semester hours.)

**Spiritual Conviction**

Describe your own personal relationship with and commitment to the LORD Jesus Christ, including when you became a Christian (if you remember the specific time.)

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If you were to die tonight and stand before God and He asked you, "Why should I let you into heaven?" what would you say? \_\_\_\_\_

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**Denominational Preference**

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Member \_\_\_\_\_ How Long \_\_\_\_\_

Is active church membership necessary for spiritual growth? \_\_\_\_\_

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Do you subscribe without reservation to our statement of faith? \_\_\_ Yes \_\_\_ No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fingerprint Clearance, Certification and Criminal History

1. Have you been issued a valid fingerprint clearance card by the Arizona Department of Public Safety? Yes No
2. Have you ever had any professional certificate or license revoked or suspended? Yes No
3. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? Yes No
4. Have you ever been convicted of any felony offense? Yes No
5. Have you ever been arrested for any offense for which you were fingerprinted? Yes No
6. Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?
  - a. Second-degree murder Yes No
  - b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age Yes No
  - c. Sexual assault Yes No
  - d. Molestation of a child Yes No
  - e. Sexual conduct with a minor Yes No
  - f. Commercial sexual exploitation of a minor Yes No
  - g. Sexual exploitation of a minor Yes No
  - h. Child abuse Yes No
  - i. Kidnapping Yes No
  - j. Sexual abuse of a minor Yes No
  - k. Taking a child for the purpose of prostitution as described in section 13-3206 Yes No
  - l. Child prostitution as prescribed in section 13-3212 Yes No
  - m. Involving or using minors in drug offenses Yes No
  - n. Continuous sexual abuse of a child Yes No
  - o. Attempted first-degree murder Yes No
  - p. Any other dangerous crime against children as defined in section 13-604.01 Yes No
  - q. Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 Yes No
  - r. Any offense causing you to register as a sex offender Yes No
  - s. First-degree murder Yes No
  - t. Armed Robbery Yes No
  - u. Incest Yes No
  - v. Exploitation of minors involving drug offenses Yes No
  - w. Sexual abuse of a vulnerable adult Yes No
  - x. Sexual exploitation of a vulnerable adult Yes No
  - y. Commercial sexual exploitation of a vulnerable adult Yes No
  - z. Abuse of a vulnerable adult Yes No
  - aa. Molestation of a vulnerable adult Yes No
  - bb. Neglect of a vulnerable adult Yes No

**Attention:** If “yes” is indicated for any question, 2 through 6, please attach a full explanation to this application.

I swear or affirm that the foregoing information completed by me, or submitted by me is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for suspension or other disciplinary action against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_