

Anderson Preparatory Academy
101 W. 29th Street
Anderson, IN 46016

(765) 649-8472
www.goapa.org

Certified Staff Application

SELECTION PROCESS:

Once the application, resume and cover letter have been received by the Director of Human Resources, the Anderson Preparatory Academy selection committee will interview the applicants selected and make recommendations to the CEO. The CEO, or his/her designee, may contact candidates by phone, postal letter, or email. No candidate will be interviewed or considered for employment until the receipt of this completed application.

Anderson Preparatory Academy participates in E-Verify. We will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with information from each new employee's Form I-9 to confirm work authorization.

Anderson Preparatory Academy shall not discriminate against any student, teacher, or employee on the basis of race, sex, color, religion, gender, sexual orientation or national origin. Furthermore, in regards to students, the school admits students of any race, religion, gender, color, national and ethnic origin, sexual orientation, and disability to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, religion, gender, color, sexual orientation, national or ethnic origin, or disability in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

A national background check is a requirement for employment at APA. If you are chosen for employment, the background check you have completed as part of this application will be run. If not chosen for employment, it will be destroyed; however the remainder of your application will stay on file. The background check will be run by APA and the cost of that background check will be deducted from your first paycheck. The cost is \$43.00.

GENERAL INFORMATION

Please type or print. Please complete all information as requested. A cover letter, resume, and letters of reference should be included with your application, as requested. Thank you for your interest in the Anderson Preparatory Academy.

Position desired _____

Date _____

First name _____ Last name _____ M.I. _____

Address: _____
Street City State Zip

Home phone _____ Cell phone _____

Alternate number _____ Email address _____

Please explain briefly why you want to work at Anderson Preparatory Academy:

As a certified teacher or administrator, please complete the following information:

Type of license you hold _____ Exp. Date of license _____

License number _____

Special Education Certification and areas _____

Has your license ever been suspended? Yes _____ No _____

If yes, please explain circumstances. (attach additional sheets if necessary) _____

Date you would be able to begin work at APA _____

What is the minimum time commitment you can make? _____

*Have you ever been charged, convicted, or pleaded guilty to any crime? Yes _____ No _____

*Have you ever been charged, convicted, or pleaded guilty to any type of child abuse? Yes _____ No _____

*Is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance, and care of children? Yes _____ No _____

*Have you ever been terminated from a place of employment? Yes _____ No _____

*(*if yes to either above question, please explain with an attached page)*

Are you able to speak Spanish or have you had Spanish language courses Yes _____ No _____

If no, are you willing to receive training in the Spanish language? Yes _____ No _____

PRE-SCREENING QUESTIONNAIRE

- 1. Have you worked in any of your previous positions under another name?

- 2. Would you have any problems getting to work on time, every day?

- 3. Have you ever had attendance or punctuality problems in any of your other jobs?

- 4. Are you able to work Monday – Friday, 7:30 a.m. to 3:45 p.m.?

- 5. Are you **under** age 18?

- 6. Do you have the legal right to be employed in the United States?

- 7. Would you be willing and able to perform all of the tasks required by the job for which you are applying?

- 8. Do you have reliable transportation?

EDUCATION

Please list your educational background. It is required that you include an official transcript from the universities or colleges attended before employment.

University attended _____

Dates _____

Degree _____ G.P.A. _____

University attended _____

Dates _____

Degree _____ G.P.A. _____

University attended _____

Dates _____

Degree _____ G.P.A. _____

WORK HISTORY

Please start with the most recent employer.

Name of organization: _____

Address: _____

Phone number: _____

Dates of employment: _____ begin _____ end

Supervisor: _____

Duties: _____

Name of organization: _____

Address: _____

Phone number: _____

Dates of employment: _____ begin _____ end

Supervisor: _____

Duties: _____

Name of organization: _____

Address: _____

Phone number: _____

Dates of employment: _____ begin _____ end

Supervisor: _____

Duties: _____

REFERENCES

Please list three (3) references.

Type of Reference: _____ Professional _____ Personal

Name: _____ Relationship to you: _____

Address: _____

Phone number: _____

Length of time you have known this person: _____

Type of Reference: _____ Professional _____ Personal

Name: _____ Relationship to you: _____

Address: _____

Phone number: _____

Length of time you have known this person: _____

Type of Reference: _____ Professional _____ Personal

Name: _____ Relationship to you: _____

Address: _____

Phone number: _____

Length of time you have known this person: _____

CERTIFICATION OF APPLICATION

I certify by my signature that the foregoing information is true. I understand that if any of information contained in this application proves to be false in the future, it is grounds for dismissal from the Anderson Preparatory Academy.

Signed

Date



INDIANA SCHOOL PERSONNEL REQUEST FOR AN EXPANDED CHILD PROTECTION INDEX CHECK

State Form 56025 (R2 / 8-17)

DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

All spaces in Section A and Section B must be completed. All information must be typed or printed in all capital letters.

1. Section A is to be completed by the requesting organization.
2. Section B is to be completed by the applicant being searched.
3. Submit to Department of Child Services (DCS), Central Office Background Check Unit (COBCU) by fax at (317) 232-1758 or by e-mail with a scanned PDF format to DOE.CPIChecks@dcs.in.gov.
4. For additional guidance for completing request see webpage, <http://www.in.gov/dcs/2363.htm>, click on Indiana School Personnel Expanded Child Protection Index Checks. Reference document entitled Instructions for the Completing Indiana School Personnel Request for an Expanded Child Protection Index Check, SF 56025.

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION		
1. Legal first name of applicant	Legal middle name of applicant (<i>If none, indicate "no middle".</i>)	Last name of applicant
2. Reason for history check (<i>Check all that apply.</i>)		
<input type="checkbox"/> Employment – New Hire <input type="checkbox"/> Employment – Existing <input type="checkbox"/> Volunteer		
3. Name of the school corporation, charter school, or non-public school at which applicant will be employed or volunteer		
4. Name of requesting organization (<i>Complete even if the same as question 3.</i>)	5. Name of contact person at requesting organization	
6. Mailing address of requesting organization (<i>number and street, city, state, and ZIP code</i>)		
7. Telephone number (<i>Include area code.</i>) ()	8. Fax number (<i>Include area code.</i>) ()	9. E-mail address of requestor
SECTION B - TO BE COMPLETED BY APPLICANT		
I hereby consent to a release of information to the above named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.		
10. Signature of applicant	11. Date signed (<i>mm/dd/yy</i>)	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed of printed name of applicant (<i>Exactly as in question 10</i>)	14. Date of birth of applicant (<i>mm/dd/yy</i>)	15. Race of applicant
16. Current residential address of applicant (<i>number and street, city, state, and ZIP code</i>)		17. Social Security number of applicant (<i>Last four digits</i>) (<i>List all number ever used.</i>) XXX-XX-

18. Please list all counties / states of residency. Begin with the most current residency in, question 18a., working backwards until January 1, 1998. Provide the month and year that residency in that county / state began as well as the month and year the residency in that county / state ended. For your current residency, the end date should reflect "current". For special or unusual situations, please explain. If temporary residency and permanent residency counties / states are different for the same time period, please provide both and explain. Example would include a temporary county / state residency at the university and permanent residency county / state might be your parent's home.

County / State	Begin Date (month / year)	End Date (month / year)	Explanation, if necessary
Example: XYZ County / IN	02/2002	Current	Home address
Example: ABC County / IN	08/2010	05/2014	School address
18a.			
18b.			
18c.			
18d.			
18e.			

19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? Yes No *If yes, complete 19a. through 19e. If no, please stop.*

19a. Maiden name (if ever married) (first, middle, and last name)	19b. Other last name(s)
19c. Nickname or shortened first name	19d. Pre-adoptive name or other alias name / how used
19e. Other alias name(s) / how used	

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20 through 24.)

20. Does the above named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? Yes No

If yes, for each substantiation list the type of case (i.e., neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.

21. Signature of staff member completing check	22. Title of staff member completing check	23. Date (mm/dd/yy)
24. Printed name of staff member completing check		Indiana Department of Child Services, Central Office Background Check Unit