



(301)262.0158
7210 Race Track Road
Bowie, MD 20715
gcsbowie.org

GCS Before and After Care Application

Position sought: _____ Date: _____

Personal Information

Name (last- maiden, middle, first): _____

Present address: _____

Permanent address (if different): _____

Phone number: (H) _____ (C) _____ (W) _____

Email: _____

Male: ____ Female: ____ Date of Birth: _____ Place of Birth: _____ U.S. Citizen: Y/N

Social Security Number: _____ - _____ - _____

Marital Status: Single ____ Married ____ Widowed ____ Divorced ____

Name of spouse (if applicable): _____

Name and ages of children (if applicable): _____

Present church membership (name and denomination): _____

Current responsibilities at the church: _____

Previous experience in church and/or other ministries other than Christian School: _____



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Have you ever been convicted of or plead guilty to a crime? No___ Yes___ (If yes, explain on a different sheet)

Have you ever been accused of child abuse? No___ Yes___ (If yes, explain on a different sheet)

Have you completed a background check? No___ Yes___ (If yes, what was the date of the check _____)
 All applicants will be required to undergo a background check as part of the hiring process.

Education Background

School	Address	Degree/ Hours Completed	From (mo/yr) to (mo/yr)

- Please complete for all undergraduate and graduate work. Continue on another sheet if necessary.
- Please have each institution above send all records to the main office.

List any academic honors, offices held, and extracurricular activities: _____

Employer Background

Employer	Address	Position	From (mo/yr) to (mo/yr)



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Spiritual and Philosophical Information

Please answer the following questions using Scriptural reference when applicable. Use additional sheets if necessary.

1. How do you know that you are a Christian?

2. Explain your baptism (type, name and denomination of baptizing church).

3. Why do you want to work in the GCS Before and After Care Program?

References

Pastor reference name: _____

Pastor phone: _____ Pastor email: _____

Professional reference name: _____

Prof. reference phone: _____ Prof. reference email: _____



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Specific Information

To work at Grace Christian School, you must complete the required federal and state tax information before a payroll check can be processed for you. These forms will be made available to you upon hiring.

Hours: 6:30 - 7:45 am, 3:30 - 6:30 pm

Full Time

Part Time

AM preferred

PM preferred

Please circle days available: Monday, Tuesday, Wednesday, Thursday, Friday

Applicant's Statement

I verify that the information in this application is true and complete to the best of my knowledge. I authorize any references or churches listed in this application to submit to Grace Christian School any and all information that they may have regarding my character and fitness for working with children and regarding my personal and employment history or other related matters as may be necessary in arriving at any employment decision. I have read and agree with the doctrinal statement of faith on the school's website and agree to exercise my professional responsibilities in accordance with these beliefs.

Applicant Signature: _____ **Date:** _____

Application checklist:

- _____ Cover letter stating the position being applied for.
- _____ Updated resume.
- _____ Transcripts mailed to the main office.
- _____ GCS screening form.
- _____ Completed staff application.



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Screening Form

This form is to be completed by all potential staff members who supervise or work in any way with minors at Grace Christian School. This policy has been implemented to help ensure a safe and secure environment for all children enrolled.

Personal Information

Full Name _____

Current address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____ (W) _____

Email _____

Marital Status: _____ Married _____ Single (widowed, separated, divorced)

Do you: Use tobacco products? _____ Drink alcoholic beverages? _____

If you have a current driver's license, list state and DL # _____

Have you ever been charged with, convicted of, or pleaded guilty to a crime in which you harmed another person physically or emotionally? _____ Yes (if yes, attach explanation) _____ No

Church Information

Are you a member of Grace Baptist Church? _____ Yes _____ No _____ No, but would consider joining.

Other than GBC, list other churches you have regularly attended in the past five years:

Church name _____ Church name _____

Address _____ Address _____

City, St, Zip _____ City, St, Zip _____

List any previous work involving minors (identify church/organization, and type of service):

List any training, education, or abilities that may contribute to your work w/ children or youth:

References

Please list two references that are not related to you:

Name _____	Name _____
Address _____	Address _____
City _____ St _____ Zip _____	City _____ St _____ Zip _____
Phone _____	Phone _____
Email (if known) _____	Email (if known) _____

Applicant Statement

The information contained in this screening form is correct to the best of my knowledge. I authorize my references, previous churches, and employers to give you any information regarding my character and fitness for working with minors. I release all such references from liability for any damage that may result from their release of said information. Should I be accepted for work with children or youth, I agree to be bound by policies of the school and to refrain from unscriptural conduct in the performance of my services on behalf of the school. I understand that this is a legally binding agreement which I have read and understand and sign of my own free act.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

Office Use Only: S.O.R. ___yes___no (date checked _____) Approved/ Denied Reference letters sent ___ References received _____

Reviewed By(Print Name): _____

Signature: _____ Date: _____