



BOARDING PARENT APPLICATION FORM

Please complete in ink or typewritten form. All information will be held in confidence.

Date: _____

Soc. Sec.# _____

Full Name _____ male female

Present Address _____

Number

Street

Telephone

City

State

Zip code

Permanent Address _____

Number

Street

Telephone

City

State

Zip code

State and Driver's License Number: _____ CDL License? _____

What is your driving record? List offenses, if any:

Have you ever been arrested or convicted of any crime other than a minor traffic violation?

If so, please explain. No Yes

Military Status: _____ Years in Service _____

PERSONAL RELATIONSHIPS:

Describe those personal relationships which are important to you.

SCHOOLS ATTENDED:

Name of School

Address

Yrs. Attended

Degree/Majors

Secondary _____

College _____

College _____

Graduate/Other _____

WORK: (Please indicate most current employer by listing first)

Employer and Address Position From-To-Date(s) Reason Left

PRESENT SALARY: _____

HONORS:

Academic and Athletic Honors, Extra-curricular Activities, Offices held:

INTERESTS:

Travel Experiences: _____

What periodicals do you read regularly? _____

What are your favorite television programs? _____

Please list the last three movies you attended: _____

Of the books you have read recently, which do you most esteem? _____

What are your hobbies? _____

What are your favorite forms of recreation? _____

REFERENCES:

Give the names, addresses, and positions of three persons who know you well. Include your present pastor and a school administrator, if possible.

NAME ADDRESS TELEPHONE POSITION

EXPERIENCE:

Working with young people

From-To

CHRISTIAN SCHOOL PREPARATION:

Have you had any courses that have prepared you to work with children in a Christian environment? _____

Please describe: _____

Tell how your life and your studies have influenced and prepared you for working in this capacity.

SPIRITUAL PREPARATION

State briefly your personal relationship with God:

What local church are you now attending? _____

What is its denomination or affiliation? _____

Are you a member? _____ Please write the pastor's name and address below:

What is your attitude toward matters of recreation and entertainment which some good Christians practice and other good Christians do not?

Name one person in whose life you have had some spiritual input: _____

Do you use alcoholic beverages? _____ Tobacco? _____

Please describe any personal experiences as a child, student, parent, sibling, or other that have helped mold your opinions about the role of a family in Christian education.

ADDITIONAL DATA:

Please give any additional information you think The Brook Hill School would find helpful in recognizing your positive influence on the Brook Hill community (faculty, students, parents, and administration). (Please include your experience regarding use of computers.)



STATEMENT OF BELIEFS

1. We believe there is one, and only one, living and true God. He reveals Himself to us as Father, Son, and Holy Spirit. We owe to God our highest love, reverence, and obedience.
2. We believe the Holy Bible is the divinely inspired record of God's revelation of Himself to man. It contains absolute truth and is the perfect standard by which all knowledge and conduct should be measured.
3. We believe salvation is offered freely to all who accept Jesus Christ as their personal Lord and Savior. Salvation cannot be earned; rather, it is a gift of grace. It is given to all who repent of their sins, place their faith in Jesus, and surrender to Him as Lord.
4. We believe the fear of the Lord is the beginning of wisdom. In Christian education, there should be a proper balance between academic freedom and academic responsibility.

Have you read and agree with the Statement of Beliefs of The Brook Hill School? _____

(If there are areas of disagreement with our beliefs, state which areas and explain your position, using a separate sheet.)

Are there any areas of beliefs on which you have not formed an opinion? _____ If so, which ones?

I give The Brook Hill School permission to make a thorough investigation of my entire work history and to verify all data given in my application for employment, related papers, and oral interviews. I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation, may prevent my being hires, or if hired, may subject me to immediate dismissal.

Applicant's signature

Date



THE BROOK HILL SCHOOL

Comprehensive Background Investigation for Employment Purposes

NAME: _____
Last Name First Name Middle Name

OTHER NAMES: _____ NAME ON LICENSE: _____
(aliases, nicknames, maiden, etc.)

SSN: _____ - _____ - _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRES: ____/____/____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (ANY crime, misdemeanor and/or felony)? YES ____ NO ____

If YES, please explain: _____

PREVIOUS HOME ADDRESSES FOR THE LAST 7 YEARS, BEGINNING WITH CURRENT ADDRESS

Street Address	City	State & Zip	County	From	To
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____

In connection with my application for employment, I understand that an investigative consumer report will be requested by **Integrity Staffing Solutions, Inc.** that will include information (at a minimum) as to my criminal record, sex offender status, SSN authenticity, driver's license authenticity, address history, and work references (e.g., character, work habits, performance, and experience, along with dates, title, duties, and reasons for termination of past employment). I understand that as directed by policy and consistent with the job described, additional information from public and private sources about my motor vehicle driving records, civil court records, education, credentials, and credit may be reviewed. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of credit information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or source that provided the information. I acknowledge that a facsimile (FAX) or photographic copy of this form shall be as valid as the original. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, or reference contacted by Integrity Staffing Solutions, Inc., or its agent, to furnish the information described above. I hereby release Integrity Staffing Solutions, Inc., and their agents and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the request for or release of the above mentioned information or reports. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Date of birth information is for consumer reports purposes only. I pledge that the data supplied above is true and accurate.

Signature of Applicant

Date



BOARDING PARENT SPOUSE APPLICATION FORM

Please complete in ink or typewritten form. All information will be held in confidence.

Date: _____ Soc. Sec.# _____

Full Name _____ male female

Present Address _____
Number Street Telephone

City State Zip code

Permanent Address _____
Number Street Telephone

City State Zip code

State and Driver's License Number: _____ CDL License? _____

What is your driving record? List offenses, if any:

Have you ever been arrested or convicted of any crime other than a minor traffic violation?

If so, please explain. No Yes

Are you employed now? Yes No If so, may we contact your employer? Yes No

Describe your work situation. Days, hours, holidays, etc. _____

EDUCATION

School Level	Name & Location of School	No. Yrs. Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business, Or Correspondence				

FORMER EMPLOYERS (List below your last four employers, starting with the last one first.)				
Date: Month & Year	Address/Phone Number	Salary	Position Held	Reason for leaving
From To				
From To				
From To				
From To				

REFERENCES: (Names of three persons not related to you, whom you have known for at least one year.)		
Name	Address	Phone Number

I am familiar with the mental and physical requirements of the job for which I am applying.
 I certify I am able to perform tasks required (with/without accommodation) in the job for which I am applying.
 I request the following accommodation to explain, demonstrate, or continue the employment application process.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or material omission of facts on this application shall be grounds for immediate dismissal.

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is "AT WILL", which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the school. Any legal action I may bring against the company regarding terms and conditions of employment must be initiated and maintained in the court of jurisdiction nearest the home office of the school.

APPLICANT'S SIGNATURE: _____ **DATE:** _____



DO NOT WRITE BELOW THIS LINE

INTERVIEW BY: _____ DATE: _____
 NOTES:

HIRED YES NO REPORT TO: _____ DATE TO REPORT: _____

APPROVED BY: _____



This application will remain active for 45 days. If you desire continued consideration for employment, you may reapply after that time.



THE BROOK HILL SCHOOL

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(If there are areas of disagreement with our beliefs, state which areas and explain you position, using a separate sheet.)

Are there any areas of beliefs on which you have not formed an opinion? _____ If so, which ones?

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If YES, please explain: _____

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_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____
_____ / _____ / _____ / _____ - _____	_____	_____	_____	_____	_____

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