



Alliance Christian Academy is a private, Christian school built upon the university-model that strives to provide a high degree of academic rigor through a modified classical approach. The goal of Alliance Christian Academy is to preserve and strengthen families by partnering with parents to offer students a college-preparatory education founded upon a biblical worldview.

Alliance Christian Academy seeks to retain gifted teachers who desire to contribute to its academic and Christian culture. Any candidate must:

- Love and serve God wholeheartedly;
- Be committed to the university-model and classical approach;
- Agree with Alliance Christian Academy's mission and goals;
- Exhibit the desire and abilities necessary to teach in the requested discipline or grade level; and
- Possess a bachelor's degree or degree within your area of teaching.

Before applying, please review Alliance Christian Academy's mission, vision, and statement of faith available on its website (www.aca-littlesprouts.com). In addition, interested candidates must read *Character Driven College Preparation* by Dr. John Turner, Jr. (available through www.naums.net) and are encouraged to attend an informational meeting (dates for these meetings are listed on the website).

APPLICATION PROCESS

If you desire to join the staff of Alliance Christian Academy, please apply by submitting:

- A completed application;
- A resume; and
- A signed authorization to release reference information.

Please submit all of the above information to Alliance Christian Academy at the address listed below. The most qualified candidates will then be invited to proceed with the application process.

Alliance Christian Academy ♦ 13105 Harmon Road ♦ Ft. Worth TX 76177

Phone 817.439.8425/ Fax 817.840.7657 ♦ www.aca-littlesprouts.com

"I ifelona Leaders & Learners. Loving the Lord"

PERSONAL HISTORY STATEMENT



| | | | | |
|----------------------------|---------------|----------------|---------------------------|--------------------------|
| Name (Last, First, Middle) | Email Address | Soc. Sec. No.* | TX. Driver's License No.* | Date of Birth |
| Mailing Address | | City | Zip Code | Home Telephone No. (A/C) |
| Name of Current Employer | | Capacity | Your Title or Position | |
| Current Employer's Address | | City | Zip Code | Telephone No. (A/C) |

*Indicate if you do not have a Social Security number or a Texas driver's license.

1. EDUCATION:

| | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Elementary or High School (check highest year completed) | | | | | | | | | | Did you graduate or receive a GED?..... | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| NAME OF SCHOOL | LOCATION CITY AND STATE | DATES ATTENDED | | | | GRAD- UATED | | TYPE OF DIPLOMA OR DEGREE | MAJOR FIELD OF STUDY |
|-------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-------------------------|
| | | From | | To | | Yes | No | | |
| | | Mo. | Yr. | Mo. | Yr. | | | | |
| College or University | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Technical or Vocational | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Describe any other special training you have had which you feel is pertinent. Including Continuing Education Units. Give dates, locations, and the name of the organization or agency sponsoring the training.

List any professional licenses, certifications, or credentials you hold.

2. EMPLOYMENT AND EXPERIENCE – Show all positions held within the last 10 years beginning with current or last employer.

| DATES EMPLOYED | | | | POSITION | Full Time | Part Time | EMPLOYER | ADDRESS |
|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------|---------|
| From | | To | | | | | | |
| Mo. | Yr. | Mo. | Yr. | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | | |

Use additional sheets as necessary.

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A. Describe the duties of each position listed above that were in the areas of child-care services, child-care personnel supervision, skill-based instruction, recreational or youth development program, and program management or administration.

B. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give dates and locations.

3. PREVIOUS LICENSES/REGISTRATIONS/LISTINGS

A. Has the Texas Department of Family and Protective Services or any other agency ever registered or listed you to care for children?

Yes No

| | |
|--|---|
| If "Yes," when were you registered or listed? From: _____ To: _____ | Address (Street, City, ZIP) |
| County and State | If you were registered under another name, what was the name? |

B. Has the Texas Department of Family and Protective Services or any other agency ever licensed you to care for children? Yes No

| | |
|---|--|
| If "Yes," what kind of license did you have? | When were you licensed? From: _____ To: _____ |
| Name of operation | |
| Operation Address (Street, City, State and ZIP) | County |

C. Are you now a foster parent? Yes No

D. Have you ever been denied a permit to care for children? Yes No

| | |
|---|--|
| If "Yes," when were you denied? | For what type of child care were you denied? |
| Operation's Address (Street, City, State and ZIP) | County |
| What was the reason for the denial? | |

E. Have you ever had a child-care permit revoked or have you ever been barred/prohibited from operating? Yes No

| | |
|--|--|
| If "Yes," when did the revocation or bar occur? | What was the reason for the revocation or bar? |
| Operation's Address (Street, City, State and ZIP) | County |
| If the revocation or bar occurred in another state, list the name and address of the regulatory body that issued the revocation or bar | |
| Indicate the type of child care permit that was revoked or the type of child care you were barred from operating? | |

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F. Has an operation that you owned or operated ever been placed on probation? Yes No

| | |
|--|---|
| If "Yes," when was it placed on probation? | What was the reason it was placed on probation? |
| Operation's Address (Street, City, ZIP) | County |

4. PEOPLE IN THE HOME: For Child Care Operations in Homes Only:

(Complete only if child care will be provided in the home where the caregiver and family reside.)

The following people 14 years old or older live in my home in addition to myself. Use additional sheets as necessary.

| NAME (Last, First, Middle) | AGE | DATE OF BIRTH | SOCIAL SECURITY NO.* | TX. DRIVER'S LIC. NO.* | RELATIONSHIP |
|----------------------------|-----|---------------|----------------------|------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5. HEALTH

A. Are you physically and/or emotionally fit to act as the director/administrator of a child care operation? Yes No

If "No," please explain.

B. Is any person listed in #4 physically and/or emotionally impaired? Yes No

If "yes", please explain.

6. CHILD ABUSE/NEGLECT

Have you or has any person listed in Item #4 ever been investigated for abusing or neglecting a child by any of the following agencies?

A. Child Protective Services of the Texas Department of Family and Protective Services Yes No

B. County child welfare agency Yes No

C. Law enforcement agency (police, sheriff, etc.) Yes No

D. Child welfare agency in another state Yes No

E. Other (specify) Yes No

| | |
|--|----------------------------|
| If "Yes" to any of the above, what was the child's name? | How was the child related? |
| When did this occur? | Where? |

PERSONAL HISTORY STATEMENT



7. CRIMINAL CHARGES/CONVICTIONS

A. Have you or has any person listed in Item #4 ever been convicted of a felony or misdemeanor? Yes No

| | | |
|----------------------------------|--------------------|----------|
| If "Yes," give name of person(s) | Date of Conviction | Location |
|----------------------------------|--------------------|----------|

Give details including type of conviction and disposition: _____

B. Do you or does any person listed in Item #4 have felony or misdemeanor charges pending with the county or district attorney or is anyone now complying with the terms of a deferred adjudication? Yes No

| | | |
|--|----------------|----------|
| If "Yes" give name of person(s) | Type of Charge | |
| County where charges are pending or length of deferred sentence. | Court No. | Location |

Give details: _____

8. FOR DIRECTOR OF LICENSED CENTERS ONLY

Please attach all additional documentation relevant to your education, training, and job experience to this form (e.g.: an original DFPS child care director's certificate, college transcripts, original training course certificates, or C.D.A. credential). All original documentation will be returned to you after qualifications are evaluated.

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief. I hereby authorize the Texas Department of Family and Protective Services to contact the persons listed on this form. I understand that the Department may contact others and, at any time, seek verification of any and all information on this form., I understand that any willful misrepresentation is cause for immediate denial of the application or later revocation of the license.

_____ Signature _____ Date _____



**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY AND
FINGERPRINTING**

I hereby give my permission for Little Sprouts Preschool to obtain information relating to my criminal history record. The criminal history record may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I understand that fingerprinting is a mandatory procedure for this organization. I understand that as long as I remain an employee or volunteer here, the criminal history as received by Little Sprouts Preschool and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Little Sprouts Preschool and each of their officers and hold them harmless from and against all causes of action, suits, liabilities, costs, debts and claims whatsoever and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/ staff member.

Applicant's signature

Date

Print Full Name (including middle initial)

Maiden Name

Street Address

Home Phone

City, State, Zip

Date of Birth

Social Security Number

TX Driver's License Number

All Other Cities of Residence in Texas:

Out-of-State Resident in the Last 5 Years? ___Yes ___No

All previous addresses outside of Texas within the past five years, including county
(You may add them to the back)

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**LITTLE SPROUTS PRESCHOOL
ALLIANCE CHRISTIAN ACADEMY
STATEMENT OF FAITH**

The Bible

The sole basis of our belief is the Bible. We believe that Scripture in its entirety originated with God and that it was given through the instrumentality of chosen men. We hold that the Scripture are infallible and inerrant in the original manuscripts.

God

We believe that there is one true, holy God, eternally existing in three persons-Father, Son and Holy Spirit-each of whom possesses equally all the attributes of deity and the characteristics of personality.

Jesus Christ

Jesus Christ is the eternal second Person of the Trinity who was united forever with a true human nature by a miraculous conception and virgin birth. He lived a life of perfect obedience to the Father and voluntarily atoned for the sins of all by dying on the cross as their substitute, thus satisfying divine justice and accomplishing salvation for all who trust in Him alone. He rose from the dead in the same body, though glorified, in which He lived and died. He ascended into heaven and sat down at the right hand of the Father, where He, the only mediator between God and man, continually makes intercession for His own. He shall come again to earth, personally and visibly, to consummate history and the eternal plan of God.

Salvation

We believe that salvation is a gift received only by a personal trust in Jesus Christ who was man's substitute for sin. This gift of unmerited grace, is given by God, without regard to any and all human works or goodness. All those who accept this gift by simple faith are eternally secure in Him.

Holy Spirit

We believe that the Holy Spirit has come into the world to reveal and glorify Christ and apply the saving work of Christ to men. He convicts sinners of their need Christ, baptizes them into the body of Christ, imparts new life to them and seals them until the day of redemption. Each believer is called to live in the power of the indwelling Spirit and in so doing, his faith will be manifested in works pleasing to God.

The Church

The Scripture calls believers to gather together to devote themselves to worship, prayer, the teaching of God's Word, the observance of baptism and Communion as the sacraments established by Jesus Christ, fellowship to one another, and outreach to the world.

Human Destiny

We believe that man was originally created in the image of God, but fell into sin through disobedience to a divine command, and therefore, brought all mankind under condemnation. Man's nature is therefore, such that he is totally unable to please God. Unbelievers will be separated from God into condemnation. Believers will be received into eternal communion with God and will be rewarded for works done in this life.

I am in agreement with Little Sprouts Preschool and Alliance Christian Academy's statement of faith.

Signature

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**LITTLE SPROUTS PRESCHOOL
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DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- parent employee/caregiver household member of child-care home

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**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT
WITH A LICENSED OPERATION OR REGISTERED
CHILD-CARE HOME**

STATE OF TEXAS, COUNTY OF TARRANT

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____ My commission expires: _____

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