Paramount Christian Academy Employment Criminal History Background Check Application

We are encouraged that you have inquired about becoming a potential employee at Paramount Christian Academy. In order to properly consider your application, and consider how best we can work together, we request that you fill out this application completely. Incomplete applications will be returned; completed applications will be processed within two weeks of receipt and you will receive notice immediately upon approval. For accountability and liability reasons, there will be a thorough background check. Please note, honesty is considered a key part of involvement with PCA.

Thanks for taking the first step toward investing your time and talents at Paramount Christian Academy.

Full Name:		
*Legal name as it appears on your driver's license: Last, First,	, Middle	
Address:*Street address, Apt #, City, State, Zip Code		
If you have changed your name, have a maiden name, or char	nged addresses i	n the last 10 years please list this information here
Full Name:		
Address:Address:		
Email:	DOB:	
Drivers License #:		State:
Contact Numbers: Home	Cell	Work
Emergency Contact Name:	 	
Emergency Contact Number:		
I give Paramount Christian Academy permission to	o run a backg	round check on me.
Signature_		Date
OFFICE USE ONLY	*****	**************
Date Submitted		
PCA Director Sign-off of Acceptance/Denial _		
Circle One: Accepted Denied Del	layed	