



3037 Bunker Lake Blvd NW
Andover, MN 55304
763.427.4595 (phone) 763.427.3398 (fax)
www.lcamn.org

Application for Employment - Director of Operations

Personal Data:

Name (Last, First, Middle):		Date:
Address:		
Home Phone:	Alternate/Cell Phone:	
Email Address:	Date Available:	

1. What is your philosophy of Christian School Leadership?

2. Explain the authority the Bible has in the world and in your life.



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3. Briefly share your personal Christian testimony and faith journey plus how would you integrate your Christian faith into your role at Legacy?

4. What is your favorite saying and how has it impacted how you live?

5. List the church you currently are attending and any church and/or Christian service activities in which you are presently involved.

6. List any formal training or experience in business operations and explain what makes you a great team player.

Formal Training:

Facilities:

HR/Payroll:

Finance:

IT:

Lunchroom:

Front Office:

Health Office:



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7. Describe how you work with people and summarize your leadership style.

8. Briefly describe your past administrator experience and how that experience prepared you for this job.

9. What is the role of parents in Christian education and how would you partner with them in this role?

10. What does a school with a healthy culture look like?

11. State what you consider to be the most important function of a Christian school and the distinct characteristics of its operational practices.



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12. What are your areas of greatest strengths and areas of constraints?

13. What are the characteristics of a successful Christian school for students?

14. How would you contribute to a leadership team and moving a school forward towards its strategic plan?

15. What are the short and long range goals the Lord has given you?



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References:

Please list three references other than family members who can testify to your character and professional abilities. One should be your pastor or someone who has knowledge of your spiritual commitment and one should be your most current supervisor (preferably).

Name	Address	Phone #	Relationship



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Applicant's Certification and Agreement:

- I understand that Legacy Christian Academy does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age or disability.
- I hereby certify that the facts in this application are true and complete to the best of my knowledge. I understand that the discovery of falsification of any statement or significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be compensated only through the day of my release.
- I authorize my employer and any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children and youth. I hereby release Legacy Christian Academy, my former employers, references, and all other parties from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.
- I understand that this is only an application for employment and that no employment contract is being offered at this time.
- I certify that I have carefully read and do understand the above statements.
- I also have read and am in agreement with Legacy Christian Academy's Statement of Faith and its Guiding Principles.

Signature

Date



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Application for Release of Reference Information

I have made application for a position at Legacy Christian Academy. I have authorized the academy to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals that know me and have knowledge regarding my testimony and work record. I also authorize the academy to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the academy any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Legacy Christian Academy, my former employers, references, and all other parties from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Legacy Christian Academy.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Date

Applicant's Signature