



CORNERSTONE
CHRISTIAN ACADEMY

CORNERSTONE CHRISTIAN ACADEMY

P.O. Box 1608
Bloomington, IL 61702
309-662-9900
www.cornerstonechristian.com

For Office Use Only

Date Received:

Position Desired:

APPLICATION FOR NON-INSTRUCTIONAL PERSONNEL

PERSONAL INFORMATION

Date of Application:

Last Name:

First Name:

Street Address:

City, State, Zip:

Home Telephone:

Cell Phone:

Email Address:

Military Status:

Years of Military Service:

U.S. Citizen: Yes No

Date of Birth:

EDUCATION

	High School	College/University	College/University
Name of School			
City, State			
Phone #			
Degree/Major/Minor			
GPA			
From – To (YR – YR)			

Please include a copy of your college and/or post graduate transcripts with this application.

PREVIOUS EMPLOYMENT (List most recent experience first)

	From – To (YR – YR)	Employer (Company Name, City, State)	Position	Supervisor, Job Title	Phone #, Email
1					
2					
3					

Yes	No	Do you have any physical conditions that may limit your ability to perform the job for which you are applying?
Yes	No	Have you ever been convicted of a felony or misdemeanor which resulted in imprisonment?
Yes	No	Have you ever been convicted of child abuse of any kind?
Yes	No	Have you ever been suspended, dismissed, or fired from a position of employment?
Yes	No	Have you ever been asked to resign from a position?
Yes	No	Have you ever been convicted of any violation of the law other than a minor traffic ticket?
Yes	No	Do you have any charges pending against you?

If you answered yes to any of the above, please explain:

Please attach separate sheets with your responses to the following questions:

SPIRITUAL LIFE

- 1) Describe specifically how you came to know Jesus Christ.
- 2) Describe your routine of personal Bible study and prayer.
- 3) List and describe the three most significant spiritual influences in your life.
- 4) List the history of your church involvement to the present (include memberships, current attendance/participation).

PERSONAL/PROFESSIONAL

- 1) What life or career goals do you have (including any future education goals for yourself)?
- 2) Cite two or three strengths most often mentioned throughout your professional evaluations or informal feedback.
- 3) If you were to become employed by CCA, what would you expect from your supervisors and colleagues?



PLACEMENT INFORMATION

1) In what specific area of employment are you interested?

- | | | |
|--------------------------|----------------------------|---------------------|
| • Admissions Coordinator | • Administrative Assistant | • After School Care |
| • Advancement Director | • Athletic Director | • Tech Support |
| • Accounts Director | • Custodial | • Student Services |
| • Receptionist | • Coaching | • Other |

2) Please list activities or sports for which you would be capable and willing to direct, sponsor, or coach (indicate grade or ability levels).

√	Please indicate your agreement with the following statements by placing a check mark in the left column.
	I have read and agree with the attached Cornerstone Christian Academy Statement of Faith.
	I understand that prior to employment contract finalization, I will be asked to consent to a background check and a medical examination.
	If hired, I will labor to do all I can to bring honor and glory to the Lord Jesus Christ and to promote the philosophy and purpose of Cornerstone Christian Academy.
	I give permission for Cornerstone Christian Academy to contact my former employers.
	I give permission for Cornerstone Christian Academy to contact my listed references.
	I certify that to the best of my knowledge all of the information I have provided is accurate, and that withholding or falsifying information on this application is grounds for immediate dismissal.

Signature:

Date:

Send completed application with reference page and a copy of your college/post graduate transcripts to:

Beth Sondgeroth, Head of School
 Cornerstone Christian Academy
 P.O. Box 1608
 Bloomington, IL 61702
beth.sondgeroth@cornerstonechristian.com



REFERENCES

1) Pastoral Pastor of the church you are now attending

Pastor's Name:	Email Address:
Church Name:	Telephone #:
Street Address:	
City, State, Zip:	

2) Spiritual A spiritual leader (not your present pastor) who knows you well

Name:	Email Address:
Relationship:	Telephone #:
Street Address:	
City, State, Zip:	

3) Professional Someone who has supervised your work

Name:	Email Address:
Relationship:	Telephone #:
Street Address:	
City, State, Zip:	

4) Personal A non-relative who has known you for a number of years

Name:	Email Address:
Relationship:	Telephone #:
Street Address:	
City, State, Zip:	

5) Another person of your choice

Name:	Email Address:
Relationship:	Telephone #:
Street Address:	
City, State, Zip:	



CORNERSTONE CHRISTIAN ACADEMY

STATEMENT OF FAITH

A. We believe so we teach that the Bible is the Word of God, supernaturally inspired, is inerrant in the original manuscripts and preserved by God, and is a divinely authoritative standard for every age and every life. (I Corinthians 2:7-14; II Peter 1:20-21; II Timothy 3:16)

B. We believe so we teach that the Godhead exists eternally in three persons--Father, Son, and Holy Spirit and that these three are one God. (Matthew 28:19; John 14:16-26; 16:7-15)

C. We believe so we teach that God is the absolute and sole creator of the universe, and that creation was by divine decree, not through evolutionary process. (Genesis 1:1-2:25)

D. We believe so we teach that Jesus Christ in the flesh was both God and man; that He was born of a virgin and lived a sinless life, in which He taught and wrought mighty works, wonders, and signs exactly as revealed in the four Gospels; that He was crucified, died as a penalty for our sins, and was bodily raised from the dead on the third day. Later He ascended to the Father's right hand where He is head of the church and intercedes for believers, and from whence He is coming again personally, bodily, and visibly to this earth. (Philippians 2:5-8; Luke 1:26-35; Hebrews 4:14-15; I Peter 2:21-24; I Corinthians 15:3-5; Acts 1:9-11; Ephesians 1:18-23; 5:23; Romans 8:31-34; I John 2:1-2; I Thessalonians 4:15-16; John 14:1-6)

E. We believe so we teach that in His death, by His shed blood, the Lord Jesus Christ made a perfect atonement for sin. Men are saved, justified, and sanctified on the simple and single ground of the shed blood. Those who trust by faith (alone) in the blood of Christ are saved and will enjoy God's gift of heaven forever. Those who fail to exercise such saving faith are condemned to spend eternity separated from God in hell forever. (Hebrews 9:11-14, 10:10-13; I Peter 3:18; Galatians 3:13-14; I Corinthians 6:9-11; Romans 8:31-34)

F. We believe so we teach that such salvation with its forgiveness of sins, its imparting of a new nature, and its hope of eternal life is the pure grace of God apart from any good works, sacraments, religious deeds or other tokens of human merit which cannot commend us to God. (I John 1:8-10, 3:9; II Cor. 5:17; I Corinthians 15:1-58; Ephesians 2:8-9)

G. We believe so we teach that it is the goal of every Christian to grow in spiritual maturity through obedience to the Word of God and the indwelling Spirit. (Ephesians 4:11-16, 5:15-21; I Corinthians 14:20; Colossians 1:9-12, 28; 3:12-17)

H. We believe so we teach that participation in the fellowship of the Church universal and involvement in the local evangelical church body is vital to the advancement of God's Kingdom and the growth and development of committed disciples of Christ. (Ephesians 3:10; Colossians 1:10; Hebrews 10:25)

I. We believe so we teach that God wonderfully and immutably creates each person from conception on as male or female. These two distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27). Rejection of one's biological sex is a rejection of the image of God within that person.

J. We believe so we teach that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Gen. 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Cor. 6:18; 7:2-

5; Heb. 13:4). We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

K. We believe so we teach that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God (Matt. 15:18-20; 1 Cor. 6:9-10).

L. We believe so we teach that every person is created from conception in the image of God, that the sanctity of life must be celebrated and upheld, and that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the Statement of Faith of Cornerstone Christian Academy.

Updated 01/13/2022

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: ☐ Male ☐ Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Please type, use bold letters or label:

309-662-9904 (Submitting Agency Fax Number)

office@cornerstonechristian.com (Submitting Email Address)

Cornerstone Christian Academy of McLean County, Inc. (Agency Name)

Beth Sondgeroth (Contact Person)

PO Box 1608 (Address)

Bloomington, IL 61702-1608 (City/State/Zip)



CORNERSTONE CHRISTIAN ACADEMY of McLEAN COUNTY, INC.

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth:	Social Security Number:		Professional License(s) Held and State of Issuance:		Professional License #:
Phone Number:		Email Address:			
Driver's License Number:		State of Issuance:	Names as it Appears on Driver's License:		
Eye Color:	Hair Color:	Nationality:	Weight:	Height: _____ ft. _____ in.	
FORMER RESIDENTIAL LIVING HISTORY (most recent)					
Street Address	City		State	Zip	Date last resided:
Street Address	City		State	Zip	Date last resided:
Street Address	City		State	Zip	Date last resided:
OFFICE INFORMATION					
Location of Work Office (state):			Position:		
APPLICANT SIGNATURE AND DATE					
Signature (parent/guardian signature required if under the age of 18):				Date:	

ILLINOIS STATE BOARD OF EDUCATION SEXUAL MISCONDUCT DISCLOSURE TEMPLATE
FOR APPLICANT

Instructions to Applicant: To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form, also based on a template developed by ISBE. You will complete one such form for each current/former employer for whom you held a position involving direct contact with children or students.

You must complete this form promptly and return it to (the hiring entity). A copy of this form will be retained by (the hiring entity), but the information provided on this form shall not be deemed a public record.

Section 1: Applicant Information

Name: (First, Middle, Last):	Any Former Names by Which Applicant Has Been Identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP

Section 2: Questionnaire

For purposes of the three questions below, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

- 1) A sexual or romantic invitation;
- 2) Dating or soliciting a date;
- 3) Engaging in sexualized or romantic dialog;
- 4) Making sexually suggestive comments that were directed toward or with a student;
- 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
- 6) A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Applicant Certification

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity's policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Signature

Printed Name

Date

Section 1: Hiring Entity Information *(to be completed by Hiring Entity)*

Hiring Entity's Name:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Sent to Current/Former Employer By (insert name): On (insert date):	Received at Hiring Entity: By (insert name): On (insert date):

Section 2: Applicant Information *(to be completed by Applicant)*

Name: (First, Middle, Last):	Any former names by which the Applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP:

Section 3: Current/Former Employer Information *(to be completed by Applicant)*

Employer:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Position Held:	Approximate Dates of Employment:

Section 4: Authorization for Disclosure of Employment Information and Release of Employer Liability *(to be completed by Applicant)*

By signing this form, I do hereby authorize my current/former employer identified in Section 3, above, to disclose to the hiring entity identified in Section 1, above, the following information and any records related to that information:

1. The dates of my current/former employment;
2. A statement as to whether I have ever been the subject of an allegation of "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
3. A statement as to whether I have ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by the employer; or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
4. A statement as to whether I have ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated); and
5. Any other pertinent records, documentation, or information related to items 2 through 4 above.

Further, by signing this form, I do hereby release my current/former employer identified in Section 3, above, from any criminal or civil liability that may arise from the disclosure of information and records authorized under this Section 4 to the extent such release is permitted by law.

Applicant Signature	Printed Name	Date
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Section 5: Information Request *(to be completed by Applicant's current or former employer)*

This form must be completed and returned to the hiring entity listed in Section 1 within 20 days of receipt.

Position held by Applicant:	Dates of Employment:
Person Completing Form:	Title:
Telephone Number:	Email:

For purposes of the following requests, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity, that:

AUTHORIZATION FOR RELEASE OF SEXUAL MISCONDUCT-RELATED INFORMATION
AND CURRENT/FORMER EMPLOYER RESPONSE TEMPLATE

This standardized form is based on a template developed by the Illinois State Board of Education (ISBE) pursuant to 105 ILCS 5/22-94 of the Illinois School Code. This completed form and any information or records received by the hiring entity shall not be considered public records.

Instructions for Applicant:

Complete one form for each current employer (if any). Additionally, complete one form for each former employer that falls within any of the categories below:

1. A public or nonpublic elementary or secondary school.
2. An employer that, at the time of your employment, contracted with a public or nonpublic elementary or secondary school to provide services, including, but not limited to, employers that provided food services, bus services, or other transportation services. This category applies only if, as part of your employment with the employer, you had engaged in -- or there was the possibility that you would engage in -- the care, supervision, guidance, control of, or routine interaction with children or students.
3. Any other employer for which you, as part of your employment with the employer, did engage in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with children or students.

Please be advised that if you are licensed by ISBE, the hiring entity is required to verify the employment history you report by checking ISBE's educator licensure database. The responses the hiring entity receives from your current and former employers will be used to evaluate your fitness to be hired or for continued employment. An applicant who provides false information or willfully fails to disclose information shall be subject to denial of employment, or if already hired, shall be subject to discipline, up to and including termination.

1. Applicant committed as an employee or agent of a school district, charter school, or nonpublic school during which time Applicant engaged in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with students; and
2. Was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to, any of the following:
 - a. A sexual or romantic invitation;
 - b. Dating or soliciting a date;
 - c. Engaging in sexualized or romantic dialog;
 - d. Making sexually suggestive comments that were directed toward or with a student;
 - e. Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
 - f. A sexual, indecent, romantic, or erotic contact with the student.

1.	To the best of your knowledge, has Applicant ever been the subject of an allegation of Sexual Misconduct? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
2.	To the best of your knowledge, has Applicant ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by you (the employer); or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.
3.	To the best of your knowledge, has Applicant ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes* <input type="checkbox"/> No or <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify Applicant from employment.

*If your answer to any of the above questions is "yes", you must provide any records and information in your control or possession related to the affirmative response. Please provide the information in the space below and attach any responsive records to this form. Additional pages of information may be attached.

I have read and understand the contents of this form. I certify that, to the best of my knowledge, the responses provided above are accurate, and the records provided in connection with these responses are true and correct.

Current/Former Employer Signature

Printed Name/Title

Date