



LEGACY CLASSICAL ACADEMY  
S A P I E N T A M E T V E R I T A T E M

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LCA STAFF  
APPLICATION AND QUESTIONNAIRE

PERSONAL AND CONFIDENTIAL

## Questionnaire

The following information will be held in strict confidence. Because we are teaching children, we are liable under law to report any suspected child abuse (in compliance with Duty to Report Child Abuse or Neglect, NC General Statute A-543). Please answer all questions honestly.

1. Have you ever had your driver's license suspended or revoked?

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2. Have you ever been accused, charged, or convicted of any felony offense or any other crime?

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3. Have you ever been accused, charged, or convicted of child abuse, or have you attempted sexual molestation of a minor?

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4. Have you consumed illegal drugs or narcotics?

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5. Do you regularly abuse alcohol?

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6. Have you ever undergone treatment or counseling for alcoholism/substance abuse?

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7. Have you ever been convicted of, or pled guilty to, or are charges pending concerning any other crime?

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8. Have you ever been the subject of a civil lawsuit (or an investigation or allegation) involving sexual misconduct, sexual harassment, or other immoral behavior or conduct involving adults or children? \_\_\_\_\_

9.. Do you have any investigation, review, or disciplinary action pending by an employer, organization in which you volunteer, or professional association for sexual misconduct, violence, or misconduct involving children? \_\_\_\_\_

10. Have you ever abused a minor or engaged in conduct including abduction for immoral purposes, sexual assault, failure to secure medical attention for an injured child, pandering, crimes against nature involving children, taking indecent liberties with children, neglect of children, obscenity offenses, or similar moral impropriety involving children?

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11. Do you struggle with viewing pornography? \_\_\_\_\_

12. Is there any other information that might be relevant to assessing your fitness for working with children or youth?  
\_\_\_\_\_

13. Have you been in an adulterous relationship? \_\_\_\_\_

14. Will you grant us permission to perform a criminal history check on you? (A criminal history check is required to work with children at Legacy Classical Academy.) \_\_\_\_\_

The information contained in this questionnaire is correct to the best of my knowledge. My responses are all true.

I understand and agree that any false answers or statements made by me on this form or any supplement thereto, or any false statements made to Legacy Classical Academy during the interview process, will be grounds for not allowing me to serve or for immediate dismissal, no matter when it is discovered. I understand and agree that it is critical to the mission and purpose of Legacy Classical Academy that all staff conform to the highest standards of safety, interpersonal conduct, and sexual morality. I affirm that I will strictly comply with the policies and procedures of Legacy Classical Academy, including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships. I understand and agree that my failure to abide by such policies and procedures may result in immediate dismissal from my position. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization from liability for any damages of whatever kind or nature that may at anytime result to me, my heirs, or family, on account of noncompliance to the policies of Legacy Classical Academy. I understand that a criminal history check might be conducted on me and I consent to any such check. I have carefully read, understand, and agree to the foregoing questionnaire and further understand and agree that a copy of this form shall be as valid as the original.

## Application and Questionnaire

Please send completed form to [info@legacyclassicalacademy.com](mailto:info@legacyclassicalacademy.com) for application processing and the background check. Application fee is non-refundable.

### LCA Reference

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Church Reference

Name of church: \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Character Reference

Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Applicant

Full name (last) (first) (middle) \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_

Present address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Phone number (home) (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Marital status If married, please give maiden name \_\_\_\_\_

Previous address \_\_\_\_\_

City State Zip code \_\_\_\_\_

Have you lived in any other states in the past five years?

If so, please list by date:

\_\_\_\_\_

Furthermore, having carefully read the foregoing release, and knowing and understanding the contents thereof, I sign this release of my own free will and act.

Name \_\_\_\_\_ Date \_\_\_\_\_

Please list all of your children and their ages.

child & age \_\_\_\_\_

child & age \_\_\_\_\_

child & age \_\_\_\_\_

child & age \_\_\_\_\_

child & age \_\_\_\_\_

child & age \_\_\_\_\_

What church do you attend? \_\_\_\_\_

List all previous work experience with location and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any physical handicaps or conditions hindering you from performing activities related to teaching youth:

\_\_\_\_\_

Please share how you became a believing Christian, using at least one Scripture reference, and where your relationship with Jesus Christ is today. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any gifts, calling, training, education (including medical or emergency), or other factors that have prepared you to work with children. \_\_\_\_\_

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### Essays

Please compose an in-depth paragraph of your reflections on the Dorothy Sayers essay and submit with your application to [info@legacyclassicalacademy.com](mailto:info@legacyclassicalacademy.com) a minimum of three days prior to your interview.











