

TEACHER APPLICATION

FRANKLIN ROAD CHRISTIAN SCHOOL
40800W EST THIRTEEN MILE ROAD, N OVI, MICHIGAN 48377P HONE (248)668-7100 FAX(248)668-7101

GENERAL INFORMATION

PLEASE TYPE OR PRINT NEATLY IN INK

Last Name	First Name	Middle Name	Date	Application Checklist <input type="checkbox"/> All application questions completed <input type="checkbox"/> Pastoral letter of reference attached <input type="checkbox"/> Additional reference attached <input type="checkbox"/> Transcripts attached <input type="checkbox"/> Certification attached
Address		City	Zip Code	
Telephone/home: ()	Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone/business:	Birthdate	Place of Birth		
Ethnicity (voluntary and confidential; for reporting obligations): <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other()				
Applying for which position:				
Are you a U.S. citizen or otherwise authorized to work in the US?				

EDUCATIONAL HISTORY

Last School Attended	Degree Completed	Dates Attended	Major/Minor	Semester Hours
Address		Phone		
City	State	Zip Code		
Previous School	State	Dates		
Previous School	State	Dates		
Accumulative Grade Point Average: B.A. ____ M. ____ A. ____ Other ____ Major subject GPA ____				

SUMMER SESSIONS AND EXTENSION COURSES

Dates	Institutions	Location	Courses	Credit
Distinctions, Activities or Honors				
Degree to be conferred		College/University		Date

WORK HISTORY

Have you ever been convicted of a crime, or are there felony charges pending against you? If yes, please explain. <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you a veteran? If so, please list rank and type of discharge.	Would you be willing to teach Bible? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever taught Sunday School? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have any coaching experience? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you been denied tenure? If so, please explain. <input type="checkbox"/> yes <input type="checkbox"/> no	Are you now under contract? <input type="checkbox"/> yes <input type="checkbox"/> no	
Why do you wish a change of location?		
Have you been dismissed from a teaching position? If yes, please explain. <input type="checkbox"/> yes <input type="checkbox"/> no		
When are you available?	Present Salary	Expected Salary

PROFESSIONAL REFERENCES

Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone:()
Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone:()
Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone:()

PERSONAL REFERENCES

Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone:()
Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	

Position	Place of Employment	Phone:()
Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. Address		
Position	Place of Employment	Phone:()

CERTIFICATION (A copy of your certificate must be submitted with your application.)

Type of Certificate:	Date issued:	Certificate Number:
State issued by:	Areas of certification:	
Grades or subjects you desire to teach, listed in order of preference:		
1. _____ 2. _____ 3. _____		
Are all of your credentials on file in any single place or office? <input type="checkbox"/> Yes <input type="checkbox"/> no		
Where?	Under what name are they recorded?	

WORK EXPERIENCE (other than teaching)

From	To	Employer & Location	Type of work and/or position	Years

TEACHING EXPERIENCE (include student teaching)

Date	School & Location	Grade or Subject Taught

Number of years you have taught under contract	Extra-curricular activities with children
Professional organizations of which you are a member	
Professional activities with which you have been involved	
Non-educational organizations or clubs	

CHRISTIANSCHOOLANDSPIRITUALPREPARATION

Have you had any courses in Christian Philosophy of Education (dealing with general school subjects)? <input type="checkbox"/> yes <input type="checkbox"/> no If so, what school and when?		
State briefly your relationship with God		
Name of the church you attend	Address	Member
Phone Number	Pastor	
What is your individual practice with regard to alcoholic beverages, tobacco and matters of recreation and entertainment?		
State your doctrinal position on the following: salvation, divine healing, Baptism in the Holy Spirit, and the security of the believer:		

EVALUATION OF CHRISTIAN EDUCATION (Comment on the following:)

Classroom atmosphere:
Discipline vs. Punishment:
Philosophy and objectives of Christian education:
What do you consider to be the distinctive characteristics of the Christian Day School?

DISCLOSURE:

Information contained in reports obtained by the school in accordance with the authorization in Section III, may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the School completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Senior Pastor within a reasonable period of time after your application for employment is received.

I have read the above statement and understand it.

SIGNATURE _____ DATE _____

I certify that the information in this application is complete and correct to the best of my knowledge and understand that at any falsification, misrepresentation, or omission of information is grounds for a rejection of the Application or dismissal from any employment if I am hired.

SIGNATURE _____ DATE _____

If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Senior Pastor in writing within 182 days after the need is known.

SIGNATURE _____ DATE _____