



FACULTY APPLICATION FORM

Full Name _____ Date _____

Position for which you are Applying _____

Street Address _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Email _____

Teaching Area of Interest: High School _____ Middle School _____ Elementary _____

Subjects Best Qualified to Teach: 1) _____ 2) _____ 3) _____

Co-curricular Activities/Clubs Best Qualified to Direct: 1) _____ 2) _____ 3) _____

EDUCATION

Secondary:

High School _____ City/State _____ Graduation Year _____

Undergraduate Studies:

University _____ City/State _____ Graduation Year _____

Degree/Major _____

Graduate Studies:

University _____ City/State _____ Graduation Year _____

Degree/Major _____

Teaching Certificate:

State/Agency _____ Type _____ Exp. Date _____

EXPERIENCE (Please list in order of most recent experience first.)

School _____ City/State _____

Position _____ Employed From _____ To _____

Grades/Subjects Taught _____

Reason for Leaving _____ Salary _____

School _____ City/State _____

Position _____ Employed From _____ To _____

Grades/Subjects Taught _____

Reason for Leaving _____ Salary _____

EXPERIENCE, cont.

School _____ City/State _____
Position _____ Employed From _____ To _____
Grades/Subjects Taught _____
Reason for Leaving _____ Salary _____

School _____ City/State _____
Position _____ Employed From _____ To _____
Grades/Subjects Taught _____
Reason for Leaving _____ Salary _____

Have you ever been dismissed or asked to resign from a teaching position? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of, or are you currently charged with or under investigation for, any offense involving dishonesty, breach of trust, moral turpitude, or any other type of misdemeanor or felony? Yes _____ No _____

If yes, please explain: _____

CHRISTIAN LIFE

Please attach a 3-5 paragraph spiritual autobiography discussing your personal relationship to Jesus Christ, your present relationship to the church, and how Christian faith shapes your teaching and relationships.

Present Church _____ **Website** _____ **Denomination** _____
Address _____

Sarasota Christian School is corporately owned and operated by four Mennonite churches.

- To what extent are you familiar with Mennonite doctrines and practices as outlined in the *Confession of Faith in a Mennonite Perspective*? Very Little ____ Somewhat ____ Well Acquainted ____
- If familiar, are you in general agreement with and willing to teach from the *Confession of Faith in a Mennonite Perspective*? Yes _____ No _____ Please explain _____

REFERENCES

May your present employer be contacted?

Yes _____ Employer name, title, school, and phone _____

No _____ If no, please explain _____

Co-worker: Name, title, school and phone _____

Pastor: name and phone _____

Personal: name and phone _____

Personal: name and phone _____

CERTIFICATION

I give the school and its designated representative's permission to contact the schools, employers, and references named in this application and to investigate the information I have provided and to seek and obtain any other information the school considers relevant. I release the school and its representatives and the persons and organizations that provide this information from any liability for doing so. I further waive the right ever to personally view any references given to the school. In addition, I declare all my statements and answers, which are part of this application to be complete and correct to the best of my knowledge.

Signature _____ Date _____

Sarasota Christian School does not discriminate on the basis of race, color, national origin, age, gender, or disability.