



EMPLOYMENT APPLICATION

Position(s) Desired _____

Name _____
Last First Middle Maiden

Present Address _____ City _____ Zip _____

Permanent Address _____ City _____ Zip _____

Home phone _____ Cell phone _____

Email Address _____

Days/Times Available _____

List, in order of preference, grades, subjects, and/or positions for which you are applying.

1. _____ 2. _____ 3. _____

Certification

List all areas in which you hold a valid Arizona and/or out-of-state teaching certificates. Note: Applicants holding a certificate from another state will be expected to work toward an Arizona certificate. Teachers will also be required to obtain an ACSI teacher certificate.

Certificate	Issuing State	Approved Areas	Date Issued	Expiration Date

Date available for employment _____

If you are not employed full-time, are you interested in being placed on our sub list? Y / N

Educational Background

	School or Institution and Location	Major/Minor	Diplomas, Degrees or Credits Earned	Grade Point Average (GPA)
High School				
College/University				
College/University				
Graduate Study				

Job Experience

(Present or more recent first)

Dates		Employer Name, Address, Phone	Your Title
From:			
To:			
Work Performed:		Reason for Leaving:	
Name and Title of Supervisor:		Final Annual Salary:	

Dates		Employer Name, Address, Phone	Your Title
From:			
To:			
Work Performed:		Reason for Leaving:	
Name and Title of Supervisor:		Final Annual Salary:	

Dates		Employer Name, Address, Phone	Your Title
From:			
To:			
Work Performed:		Reason for Leaving:	
Name and Title of Supervisor:		Final Yearly Salary:	

Please list all activities that you are qualified to supervise or coach:

--

Volunteer Experience

Dates		Organization, Address, Phone	Your Position
From:			
To:			
Description of responsibilities		Reason for Leaving:	
Name and Title of Supervisor:			

Dates		Organization, Address, Phone	Your Position
From:			
To:			
Description of responsibilities		Reason for Leaving:	
Name and Title of Supervisor:			

Dates		Organization, Address, Phone	Your Position
From:			
To:			
Description of responsibilities		Reason for Leaving:	
Name and Title of Supervisor:			

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, other languages spoken, technology skills or professional development activities:

References

References should include at least two principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

Name	Position	Address	Telephone

Spiritual Information

Member/Regular Attendee of an evangelical church? Yes / No

What church do you attend? _____

What is your church background? _____

Where and how did you come to know Jesus Christ as your personal Savior? _____



Recommendation

Thank you for agreeing to complete this form on my behalf. Upon completion, please send it to the school at the above address. This is a confidential document and I will not see or be given information contained in this reference.

To be completed by applicant

Name of Applicant _____ **Date** _____

Position Applied for _____

Signature for Release of Information _____

To be completed by Reference

How long have you known the applicant? _____

What is your relationship to him/her? _____

Would you hire/rehire the applicant as a teacher/employee? Yes / No

Please comment on the following areas:

Spiritual Maturity	
Love of Children	
Scholarship	
Enthusiasm	
Disciplinarian	

Cooperation	
Adjustment to new circumstances	
Describe the best abilities and qualities of this applicant	
Describe areas needing improvement	
Other General comments	

Completed by _____ Title _____
please print

Signature _____ Date _____

Address _____
Street City State Zip

Phone _____

Email _____

Thank You!



Recommendation

Thank you for agreeing to complete this form on my behalf. Upon completion, please send it to the school at the above address. This is a confidential document and I will not see or be given information contained in this reference.

To be completed by applicant

Name of Applicant _____ **Date** _____

Position Applied for _____

Signature for Release of Information _____

To be completed by Reference

How long have you known the applicant? _____

What is your relationship to him/her? _____

Would you hire/rehire the applicant as a teacher/employee? Yes / No

Please comment on the following areas:

Spiritual Maturity	
Love of Children	
Scholarship	
Enthusiasm	
Disciplinarian	

Cooperation	
Adjustment to new circumstances	
Describe the best abilities and qualities of this applicant	
Describe areas needing improvement	
Other General comments	

Completed by _____ Title _____
please print

Signature _____ Date _____

Address _____
Street City State Zip

Phone _____

Email _____

Thank You!



Recommendation

Thank you for agreeing to complete this form on my behalf. Upon completion, please send it to the school at the above address. This is a confidential document and I will not see or be given information contained in this reference.

To be completed by applicant

Name of Applicant _____ **Date** _____

Position Applied for _____

Signature for Release of Information _____

To be completed by Reference

How long have you known the applicant? _____

What is your relationship to him/her? _____

Would you hire/rehire the applicant as a teacher/employee? Yes / No

Please comment on the following areas:

Spiritual Maturity	
Love of Children	
Scholarship	
Enthusiasm	
Disciplinarian	

Cooperation	
Adjustment to new circumstances	
Describe the best abilities and qualities of this applicant	
Describe areas needing improvement	
Other General comments	

Completed by _____ Title _____
please print

Signature _____ Date _____

Address _____
Street City State Zip

Phone _____

Email _____

Thank You!