



### Employment Application

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|---|---|
| Date of application _____<br>Date available for employment _____<br>Date application received by school _____ | Position Applying For:<br><input type="checkbox"/> Teacher (Grade/subject desired) _____<br><input type="checkbox"/> Substitute Teacher (Grade/subject) _____<br><input type="checkbox"/> Other (please list) _____ |
|---|---|

#### APPLICANT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_  
Email Address \_\_\_\_\_

#### EDUCATION BACKGROUND

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
College \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Degree \_\_\_\_\_ Minor \_\_\_\_\_  
Other Education \_\_\_\_\_  
Do you have a current Teaching License? YES  NO  For which state? \_\_\_\_\_  
Endorsement \_\_\_\_\_  
Other \_\_\_\_\_

#### PREVIOUS EMPLOYMENT

- Employed by \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO
- Employed by \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO
- Employed by \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

**PROFESSIONAL REFERENCES**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PERSONAL REFERENCES (Please, no relatives)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**OTHER INFORMATION**

Where do you attend church? \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Please write a brief testimony about how you became a Christian.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you best describe your spiritual journey now?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a brief statement of your philosophy of working with children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

My signature gives witness that information and statements provided are true and complete. I give Sonshine School / Salem First Baptist Church authorization to contact any individual or organization listed as a reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_ Applicant interviewed by \_\_\_\_\_  
\_\_\_\_ Applicant authorization for criminal records check.  
\_\_\_\_ References contacted.  
\_\_\_\_ Applicant accepted. Position \_\_\_\_\_  
\_\_\_\_ Applicant denied.