

For office use only:
Interviewed by: _____
Date: _____

TEACHER APPLICATION FOR EMPLOYMENT

Return To :

Personnel Office
Faith Baptist Christian Academy
PO Box 100
Ludowici, GA 31316
(912) 545-9136

(Date of Application)

(Date Available)

(Area of Certification)

Applicant may submit a personal resume with this application to provide additional information regarding his/her qualifications for employment.

PERSONAL DATA

NAME _____

Last

First

Middle

Social Security No. _____

Other name(s) under which transcripts, certificates and former applications may be listed:

_____ Last

_____ First

_____ Middle

PRESENT ADDRESS	Number and Street	Telephone Number
	City and State	Zip Code
OTHER ADDRESS AT WHICH YOU MAY BE CONTACTED (If applicable)	Number and Street	Telephone Number
	City and State	Zip Code

EMPLOYMENT DESIRED

_____ Elementary K 1 2 3 4 5 6
(Circle preferences)

_____ High School 7 8 9 10 11 12
(Circle preferences)

_____ Special _____
(Area)

Subjects in order of preference:

EDUCATIONAL DATA

Transcripts of all completed college or university coursework should accompany this application. An official transcript (with University/College seal) will be required upon employment.

Name of School and Location		Degrees Received	Semester* Hrs. Earned
Secondary School			
College/Universities	Date		
*To convert quarter hours to semester hours, multiply by 2/3			

CERTIFICATION INFORMATION

Certification:

Type _____ Grade _____ Subject Field _____

Certificate Number _____ Effective Date _____

If you do **NOT** hold a valid Certificate - Have you applied for one? _____

Date of Application: _____ Areas Applied For: _____

List any out of State Certificates _____

Enclose a copy of your **CERTIFICATE** with this application.

MILITARY SERVICE RECORD

Service in the armed forces of the United States? Yes _____ No _____

Dates served (Active Duty):

From _____ to _____ Branch of Service _____
 (Mo/Day/Yr) (Mo/Day/Yr)

Rank when separated from active service _____

TEACHING EXPERIENCE

Have you ever taught under a continuing contract in the State of Georgia? Yes _____ No _____

When granted? _____ Name of School District _____

Have you previously taught in the this School District? Yes _____ No _____

Date _____ School _____

Start with present or most recent employer and list all teaching experience including student teaching. (Attach a second sheet if needed)

School Year	Beginning Month/Day	Ending Month/Day	Name and Address of School	Subject/Grade	Number of Months Taught

Are you currently under contract? Yes _____ No _____

If yes, type of contract: Limited _____ Continuing _____ School District _____

PROFESSIONAL REFERENCES

List names of professional educators capable of judging your teaching competence or potential. Beginning teachers must include cooperating teacher and university supervisor for student teaching experience. Experienced teachers must include administrators and supervisors for two most recent teaching assignments.

_____ I have requested that my college credentials be forwarded.

Full Name of Reference	Position	Complete Address: Street, City, State, Zip	Telephone

NON-TEACHING WORK EXPERIENCE

Name of Employer	Complete Address: Street Number, City, State, Zip	Beginning Mo/Day/Yr	Ending Mo/Day/Yr	Kind of Work

SPECIAL INFORMATION

Check any of the following activities that you are qualified to coach or direct. Use a double check to show actual coaching or directing experience. Give additional information if you desire.

- | | | | |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Dramatics |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Marching Band |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Softball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Swimming | <input type="checkbox"/> Intramurals | <input type="checkbox"/> Class Sponsor |
| <input type="checkbox"/> Football | <input type="checkbox"/> Tennis | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Debate |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Track | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Student Council |

Clubs: _____ Other: _____

EXPERIENCE SUPERVISING ATHLETICS & OTHER EXTRA CURRICULAR ACTIVITIES

Activity	Employer/Sponsor/Organization	Beginning Mo/Yr	Ending Mo/Yr

References for Supervising Athletics & Other Extra Curricular Activities

Full Name of Reference	Position	Complete Address: Street Number, City, State, Zip	Telephone

List membership in professional organizations, published works, academic honors or similar experiences which have contributed to your professional preparation:

MEDICAL

Do you have any physical or mental disability that would prevent you from safely and substantially performing the job for which you are applying, or which would require accommodation?

Yes _____ No _____

PERSONAL STATEMENT

Use the space below to present in your handwriting a brief testimony of your salvation and why you chose teaching as a profession.

Have you ever been convicted of any offense in Georgia, or in any other state, which includes one or more of the following: any felony, any sex offense, any offense of violence, any theft offense, or any drug abuse offense? YES _____ NO _____

A criminal record will not necessarily bar you from employment with FBCA, but an untruthful answer will. Stated falsification or falsification by omission will be grounds for immediate dismissal.

Have you ever been disciplined, non-renewed, or terminated from a position of employment as a result of allegations of poor performance or wrong-doing? Have you ever resigned a position following threats of non-renewal or termination? If so, please explain each such instance.

Is there any reason why you cannot be highly punctual and regular in following an assigned work schedule? Yes ____ No ____
This will authorize any hospital, doctor, physician or other treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the Faith Baptist Christian Academy and its representatives.

I understand that a criminal records check may be required with GBI and/or the FBI prior to or during the early weeks of my being employed. My signature below authorizes the Faith Baptist Christian Academy to obtain these records on me.

In consideration of my employment, I agree to conform to the rules and regulations of the Faith Baptist Christian Academy. I understand that the falsification of any information given or any failure to state information is ground for immediate rejection or immediate dismissal.

Also, I affirm that the facts set forth above in this application are true and complete. Any material misrepresentation on this application form constitutes sufficient cause for rejection of the application, and for the termination at any time during the employment. I am willing to have a physical examination with the understanding that if the report is unsatisfactory, I will resign or be terminated.

Applicant Signature: _____ **Date:** _____

Handicapped applicants are requested to contact the Personnel Office if special accommodations are needed.

APPLICATIONS WILL BE KEPT ON FILE AND ACTIVE FOR A MINIMUM OF TWO SCHOOL YEARS

DO NOT WRITE BELOW THIS LINE

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