

PRESCHOOL/KINDERGARTEN

Teacher Employment Application



PERSONAL INFORMATION

Name: _____
Last First M.I

Address: _____

Address: _____ Phone: _____
City State Zip

Email: _____ DOB: _____ Date of Application: _____

EDUCATION

1) School Attended: _____ Dates: _____

Degree/Certificate: _____ Major/Minors: _____

Additional Info: _____

2) School Attended: _____ Dates: _____

Degree/Certificate: _____ Major/Minors: _____

Additional Info: _____

3) School Attended: _____ Dates: _____

Degree/Certificate: _____ Major/Minors: _____

Additional Info: _____

Teaching Certificates: _____

Special Endorsements: _____

RELEVANT EXPERIENCE: *Start with most relevant experience first.*

1) Name of Organization: _____ Location: _____

Position(s) Held: _____

Dates Employed: _____ Reason For Leaving: _____

Additional Info: _____

2) Name of Organization: _____ Location: _____

Position(s) Held: _____

Dates Employed: _____ Reason For Leaving: _____

Additional Info: _____

3) Name of Organization: _____ Location: _____

Position(s) Held: _____

Dates Employed: _____ Reason For Leaving: _____

Additional Info: _____

GENERAL INFORMATION

How did you learn of us? _____

Do you have any skills or qualifications that may be relevant to this position? _____

Is there additional information you would like to provide about your education or experience?

Due to the Christ-centered mission of our institution, please provide a statement of faith

What is your local church affiliation? Denominational preference?

What reasons do you believe make you a good fit to our organization?

REFERENCES

1) Name: _____ Title/Position/Relation: _____

Contact Info: _____

2) Name: _____ Title/Position/Relation: _____

Contact Info: _____

3) Name: _____ Title/Position/Relation: _____

Contact Info: _____

I understand by signing this application, Mayer Christian Schools has the authorization to inquire about my experience and record with no liability resulting therefrom. Mayer Christians Schools does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age or disability. I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge and false statements may be cause for my dismissal.

Signautre: _____ Date: _____

NOTE:

Please submit the following application online through our website. Under Employment Opportunities there is link to submit a .pdf document. If you are unable to submit the application due to technical difficulties, please email the application to phonicsphactory@phonicsphactory.com.

