



APPLICATION FOR TEACHING POSITION

Name: _____
 (last name) (first name) (middle initial)

Address: _____
 (number, street, apt., city, state, zip)

Phone: Day _____ Evening _____

Social Security Number: _____

Date of Application: _____ **Date Available:** _____

Position for which you are applying: _____

Can you submit verification of your legal right to work in the United States? Yes ___ No ___

State Teaching credentials/licenses you have which are currently valid:

State Issuing	Type of Certificate	Subject Area(s)	Date of Expiration

ACSI teaching credentials:

Type of Certificate	Subject Area(s)	Date of Expiration

Are you willing to apply for an ACSI teaching certificate? Yes ___ No ___

Your interest in Trinity Academy is appreciated. We invite you to complete this application and to return it to the office. If there is continued interest in your candidacy, we will arrange for a personal interview.

We realize that the key to a successful Christian school is its staff. We are grateful for those who are professionally qualified, who really love children, and who exemplify Christ in their manner of thinking and living.

We look forward to receiving your application. It is our prayer that God will fulfill His perfect will in the lives of all applicants.

A. PROFESSIONAL QUALIFICATIONS

*** Please attach photocopies of all your college transcripts. Should you be offered a position, official copies of your college transcripts will be required to be submitted for inclusion in your personnel file.**

Formal Training:

Degree	Date Received	Issuing Institution

Your Major subject(s) _____

Your Minor subject(s) _____

Cumulative grade point average: Bachelor's _____ Graduate work _____

Teaching Experience: (List most recent first)

Dates	Name of School & Location	Subjects

Number of years of teaching experience: Public _____ Christian _____

Reason for leaving (or desiring to leave) your most recent position: _____

Are you under contract for next year? Yes _____ No _____

Other Experience: List any work experiences that may have significance for the type of position for which you are applying. _____

List any other educational experiences that you have had including opportunities for travel. _____

Bible: Do you believe the Bible to be the only inspired and infallible Word of God, our final authority in all matters of faith, conduct, and truth?

Yes _____ No _____ **Signature:** _____

Statement of Faith: Please carefully read our Statement of Faith and indicate below your degree of support.

_____ I fully support the Trinity Academy Statement of Faith as written without reservations.

Signature: _____

_____ I support the Statement except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: _____

Church: What is your local church affiliation? _____

Service: In what church activities are you involved? _____

Devotional Life: Describe your method of personal Bible study and prayer. _____

What books have you read recently that have helped you spiritually? _____

D. PERSONAL INTERESTS

List your hobbies and personal interests. _____

What periodicals do you read regularly? _____

What would you like to be doing five years from now? _____

List activities or sports that you would be capable of and willing to direct, sponsor, advise, or coach. _____

E. REFERENCES

Do not list family members or other relatives for references. You will also need to sign the Reference Release form that is attached and return it with this application.

Give three references who are qualified to speak of your spiritual experience and Christian service.

PLEASE PRINT.

Personal:

1. Name _____

Position _____

Address _____

Phone _____

2. Name _____
Address _____

Position _____
Phone _____

3. Name _____
Address _____

Position _____
Phone _____

Give three references who are qualified to speak of your professional training and experience. **PLEASE PRINT.**

Professional:

1. Name _____
Address _____

Position _____
Phone _____

2. Name _____
Address _____

Position _____
Phone _____

3. Name _____
Address _____

Position _____
Phone _____

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that discovery of falsification or significant omission of fact during the hiring process may affect my being hired, or if hired may subject me to immediate dismissal. If I am released under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of release.

I understand that Trinity Academy does not discriminate in its employment practices against any person because of race, color, gender, age, and qualified disability, national or ethnic origin.

I understand that this is only an application for employment and that no employment contract is being offered at this time. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship that might come about with this organization is of an "at will" nature, which means that the employee may resign at any time and Trinity Academy may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

F. AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I authorize Trinity Academy to procure background information to be used as one piece of information to aid in making an employment decision on my behalf. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or that it could reflect adversely on the school or on me as a Christian role model.

I authorize Trinity Academy to verify all data given in my application for employment, related papers, and my oral interviews. I further authorize Trinity Academy to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize Trinity Academy to request a copy of my driving record if I am applying for a position that requires review of driving record information.

I certify that I have carefully read and do understand the above statements.

Signature of Applicant

Date

Street Address of Applicant

City, State, Zip

Social Security Number of Applicant

G. AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a position as a _____ with Trinity Academy. I have authorized the school to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals that know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Trinity Academy, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Trinity Academy.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print) _____ Date _____

Applicant's Signature _____

Applicant's Social Security Number _____