

GRACE CHRISTIAN ACADEMY APPLICATION

Teacher ECD Teacher Substitute Paraprofessional

P.O. BOX 1717, WALLER, TEXAS 77484
office@gcacrusader.com

936-372-0901 phone
832-202-2322 fax

*Please print all information
requested except signature*

Date: _____ Name: _____
First Middle Last

Social Security #: _____ Phone #: _____

Additional Phone#: _____ Email: _____

Address: _____
Street/Road City State Zip

D.L. #: _____ State Issued: _____

Educational and Professional Training

Name of College/University	Location City/State	Academic and/or Major	Number of Years Completed

Describe any special Courses/Training: _____

Special Certificates/Licenses held: _____

Please include copies of all transcripts/certificates with this application

What grade(s) and/or subject areas would you like to teach? _____

FULL TIME: _____ PART TIME: _____ SALARY REQUIRED PER YEAR: _____

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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EMPLOYMENT HISTORY: Please list last three employers:

Name of Employer _____ Position _____

Address _____ City _____ State _____ Zip _____

Supervisor Name _____ Phone # _____ Email _____

Reason Left _____

Name of Employer _____ Position _____

Address _____ City _____ State _____ Zip _____

Supervisor Name _____ Phone # _____ Email _____

Reason Left _____

Name of Employer _____ Position _____

Address _____ City _____ State _____ Zip _____

Supervisor Name _____ Phone # _____ Email _____

Reason Left _____

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REFERENCES: Please list three people who have been acquainted with your professional experience.

Name

Occupation

Phone #

Email

Name

Occupation

Phone #

Email

Name

Occupation

Phone #

Email

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SPIRITUAL INFORMATION:

_____ Active Member? _____ YES _____ NO

Name of Church currently attending

_____ City _____ State & Zip

Address

Have you accepted Jesus Christ as your personal Lord and Savior? _____ YES _____ NO

Personal Statement of Faith/Testimony: _____

CHRISTIAN SCHOOL INFORMATION:

Have you had other courses/training specific for a Christian School? _____ If yes, list name of course(s), dates, and where taken:

What do you consider to be the distinctive characteristics of a Christian School? _____

Please comment on the Lord's leading your life toward being in Christian education: _____

Please describe your views of student discipline, as it would apply to a Christian School. Include any scripture references you would use in disciplining students.

By signing below you are acknowledging that all the information above is accurate to the best of your knowledge.

SIGNATURE

DATE

PRINTED NAME

Grace Christian Academy selects qualified persons for employment without regard to race, age, gender, or national origin, but does, however reserve the right to use established selection criteria in support of its objectives. All applicants will also be required to fill out a background check form. No applications will be processed without a background check on file. All information submitted will be held in confidence.