



EAST TEXAS CHRISTIAN ACADEMY

ACADEMICS · CHARACTER · EXCELLENCE

1797 Shiloh Road Tyler, TX 75703

903-561-8642 www.etca.org Fax 903-561-9620

Application for Employment

Date of Application: ____ / ____ / ____

Section 1: Personal Information (Please print.)

Name: _____			Phone Number: (____) _____		
First	Middle	Last			
Address: _____ _____ _____					
Street or Box			City	State	Zip
E-Mail Address: _____			Date of Birth: ____ ____ ____		
Social Security Number: ____ ____ ____			Religious Affiliation: _____		

Position Desired: ____ Full Time Teacher ____ Part Time Teacher ____ Substitute
____ After School Care ____ Office Position ____ Other: _____

Specify grades and/or subjects you prefer (if applicable):

➤ If applying for Office position, complete Sections 2, 4, 6 and 7 only.

Section 2: Educational Background

Are you a certified teacher? ____		Type of certification? _____			
State? _____					
Degree Name	Major	Minor	Dates Attended	Institution	
1.	_____ _____	_____ _____	_____ _____	_____ _____	
2.	_____ _____	_____ _____	_____ _____	_____ _____	

Computer Proficiency: ___ Excel; ___ Word; ___ Power Point; ___ MS Publisher; ___
Other: _____
(Check all that apply.) ___ QuickBooks; ___ Other Software

Section 3: Teaching Experience

Dates	Subjects or Grade Taught	Number of Yrs.	Name of School	Name of Principal	Phone Number
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____

Describe your classroom management style. _____

List any biblical or Christian courses that would help you in teaching at ETCA? _____

Section 4: References

List three people as references who can evaluate your ability for the position you seek.

Name 1: _____ Occupation: _____ Phone: _____

Address: _____ Relationship: _____

Name 2: _____ Occupation: _____ Phone: _____

Address: _____ Relationship: _____

Name 3: _____ Occupation: _____ Phone: _____

Address: _____ Relationship: _____

Section 5: Bible Teaching Experience

Dates Taught	Grade or Age	Number of Yrs.	Name of Church	Elder or Education Minister	Phone Number
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____

Section 6: Previous Employment - Other Than Teaching

<u>Dates Employed</u>	<u>Name of Employer</u>	<u>Mailing Address</u>
1. _____	_____	_____
Phone Number _____	Type of Work _____	
2. _____	_____	_____
Phone Number _____	Type of Work _____	
3. _____	_____	_____
Phone Number _____	Type of Work _____	
4. _____	_____	_____
Phone Number _____	Type of Work _____	

List your strongest assets relative to the position for which you are applying?

1. _____
2. _____
3. _____
4. _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety
Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	