



EAST TEXAS CHRISTIAN ACADEMY

2448 Roy Road - Tyler, Texas 75707
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: (____) _____ |
| Address: _____ _____ _____ _____ | |
| | City State Zip |
| E-Mail Address: _____ | Date of Birth: ____ ____ ____ |
| Cell Phone Number: _____ | Religious Affiliation: _____ |

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

If applying for Sub position, please specify grades for which you are willing to sub: _____

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

Section 2: **Educational Background**

| | | |
|---|------------------------------|--------------|
| Are you a certified teacher? <input type="checkbox"/> | Type of certification? _____ | State? _____ |
| Degree | Major | Minor |
| Dates Attended | Institution Name | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

Section 3: Teaching Experience

| Dates | Subjects or Grade Taught | # 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 | # 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>Phone Number</u> |
|-----------------------|-------------------------|---------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Section 7: Statement of Faith

Please give a brief statement of your religious beliefs (continue on the back of this page if needed):

Name of church congregation you currently attend: _____

Minister: _____ Phone #: _____ Member? ___ Yes ___ No

Date

Applicant's Signature

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History
APPLICANT or EMPLOYEE NAME (Please print)
(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.

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.

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 | |