Augusta Christian Schools
313 Baston Road
Martinez, GA 30907

TEACHER APPLICATION

This application will be considered only if it has been completed fully and accurately. All applications, resumes, transcripts, letters of reference, placement papers, and verification of employment are a permanent part of the applicant's personnel file and shall not be returned to the applicant or designee.

PLEASE PRINT Date of Application _____

CONTACT INFORMATION

Full name: _____
Last First M.I.

Current address: _____
Number & Street City & State Zip Code

Phone:_____ Email:_____

- Do you have a current valid, unrestricted Driver's License? ___ Yes ___ No

POSITION INFORMATION

Position desired _____

Full Time _____ Part Time _____ Either _____

- On what date would you be available to start work? _____
- Are you currently employed? ___ Yes ___ No
- If yes, may we contact your employer? ___ Yes ___ No
- What is your present position?_____ Annual Salary_____

Area Preference { } PreK 4 – K5
{ } Elementary (Grades 1 - 6)
{ } Junior High (Grades 7 - 8)
{ } High School (Grades 9 - 12)

Please **list in order of priority** your teaching subject and grade preferences (i.e. English/First Grade)

Subject Preference	Grade Preference

Please list activities or sports that you would be able to direct, sponsor advise or coach. Indicate the grade or ability level (Varsity, Junior Varsity, Grade, etc),

_____
_____
_____

PROFESSIONAL QUALIFICATIONS

Name of High School: _____ Location: _____

College, University or Professional School

Name of Institution	Location	Dates Attended	Major/Minor	Degree	Cumulative GPA

(Should you be offered a teaching position, official copies of your college transcripts will be required.)

Total graduate credits (beyond BA/BS degree**)**: Semester Credits _____

Teaching credentials held**:** (Please attach photocopies of valid teaching certificates or credentials)

Type	State	Date Expired	Subject

Total years of full time teaching experience: Public _____ Christian _____ Other _____

Do you hold a current ACSI Teaching Credential? Yes _____ No _____

What level? _____ Date of expiration?_____

Sequentially list your teaching/job-related employment experience, beginning with the most recent (do not list student teaching): If you need additional space, please continue on a separate sheet of paper.

School	Location	Grade	Subject	From Date	To Date

Please list any professional organization memberships, or other special mentoring, professional conference speaking and/or leadership experiences:

Description	Location	Date

PERSONAL INFORMATION

* Have you ever filed an application with us before? ___ Yes ___ No

* Have you even been employed with us before? ___ Yes ___ No
  If yes, give dates: _____

* Have you ever had a teaching certificate suspended or revoked or have you been placed on probation by the certifying agency? ___ Yes ___ No
  If yes, where and when?_____

* Have you ever been suspended with or without pay? ___ Yes ___ No

* Have you ever been dismissed or terminated from employment? ___ Yes ___ No

*Have you ever resigned from employment either in lieu of termination or while an investigation for possible disciplinary action was in progress? ___ Yes ___ No

* Have you ever been convicted of, had adjudication withheld in, pled nolo contendere (no contest) to, or entered a pre-trial intervention program for a misdemeanor or felony criminal charge, or are there currently any criminal charges pending against you? ___ Yes ___ No
  If yes, please explain on a separate sheet and attach to this application.

CHRISTIAN BACKGROUND

- On a separate sheet of paper briefly give your Christian testimony.
- 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:_____
- Please carefully read the Statement of Beliefs (see attachment # 1) and indicate your support. _____ I fully support the Statement as written without reservations.

  Signature: _____
- Name and address of church you attend: _____
- Are you a member? Yes ____ No ____ Number of years? ____ Pastor's Name_____
- Describe your routine of personal Bible study and prayer:

_____

_____

_____

_____

_____

PERSONAL PHILOSOPHY

Please answer the following questions on a separate paper:

1. Why do you want to teach in a Christian school, and specifically at Augusta Christian Schools? Comment on the mission statement of Augusta Christian Schools.
2. What does teaching from a Christian worldview mean to you?
3. What characteristics make a Christian school unique?
4. Describe your teaching style and how you motivate students to learn?
5. What is your philosophy of student discipline?
6. What are your greatest strengths, and your greatest weaknesses as a teacher?
7. What do you consider to be the three greatest needs of a student?
8. What do you believe about the origin of the earth and mankind?

LETTERS OF REFERENCE

Provide three references that are qualified to speak of your spiritual and professional qualifications. Do not list family members or relatives as references. **Indicate (P) for professional or (S) for spiritual reference.**

Name	Complete Address	Phone (with area code)	**P / S**

DECLARATIONS

Indicate your response to each question by marking the appropriate box.	**Yes**	**No**
If hired, can you show proof of authorization to work in the United States?		
Do you believe that you've been called by God to be a teacher in a Christian School?		
Can you perform the essential functions of the job for which you are applying?		
Can you work the hours required for the job?		
In the event of an offer for employment would you be willing to coach a sport or become involved in an extra-curricular activity with students?		
In the event of an offer to be a teacher at Augusta Christian Schools would you be willing to provide fingerprints for background processing if required for the position?		

Applicant's Statement and Authorization Consent for Release of Information

I do hereby agree to forever release and discharge Augusta Christian Schools and/or its contracted background reporting service or agent to now, or at any time while employed, conduct a verification of my: education, previous employment/work history, credit history, workers' compensation injuries, motor vehicle records, contact personal references, require a urine specimen to be tested for the presence of drugs or alcohol, receive any criminal history information pending, closed, or sealed pertaining to me that may be in the files of any federal, state, county, or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable state laws. The results of this verification process will be used to determine employment eligibility. All results are CONFIDENTIAL and as such will only be available to responsible staff and/or ministry leaders on a need to know basis relative to the selection of the most qualified candidate.

I waive the right to ever personally view any references given to Augusta Christian Schools.

I understand and acknowledge that any employment with Augusta Christian Schools is verified by a signed contract. Augusta Christian Schools does not offer or imply any conditions of tenure in their contracts. All contracts are for one school year.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations governing the ethical, moral, and religious values of this organization.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should contact the Office of the Director of Operations to reinstate the application.

Applicant's Signature: _____ Date:

Sexual Misconduct/Child Abuse Statement

To properly protect our children, all those serving in ministry or teaching capacities involving children or youth should provide the following information. Please sign and date your response. All responses are confidential.

During your lifetime, have you ever been accused of child molestation, child abuse, assault, lewdness, or sex offenses of any nature?

Yes No

If yes, please explain the nature of the accusation, charge or conviction.

_____

_____

I agree that a photocopy, email 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 read and do understand the above statements.

Applicant's name (please print): _____

Applicant's signature: _____ Date:_____