

Beaver County Christian School

APPLICATION FOR EMPLOYMENT

Name: _____ Date _____

Date _____

Email Address: _____ Phone _____

Phone _____

Address _____
(NUMBER AND STREET) (CITY) (STATE/PROVINCE) (POSTAL CODE)

Information you may provide if you wish (not required):

Birth information (Date, Place) _____

Marital status (Family) _____

Church/Denominational affiliation _____

RECORD OF EDUCATION

	NAME AND LOCATION (CITY, STATE/PROVINCE) OF SCHOOL FROM WHICH YOU GRADUATED	WAS THIS A CHRISTIAN SCHOOL?	Years You ATTEND?	DATE OF GRADUATION
Elementary/ Middle School				
High School				
College or University	NAME AND LOCATION (CITY, STATE/PROVINCE) OF SCHOOLS YOU ATTENDED	HOW LONG DID YOU ATTEND?	DATE OF GRADUATION	DEGREE RECEIVED

RECORD OF EXPERIENCE

NAME AND LOCATION OF SCHOOL(S) IN WHICH YOU HAVE TAUGHT (MOST RECENT FIRST)	WAS THIS A CHRISTIAN SCHOOL?	GRADE(S) AND/OR SUBJECT(S) TAUGHT	NUMBER OF YEARS YOU TAUGHT THERE	DATES (YEARS) YOU TAUGHT THERE

REFERENCES

NAME	Phone Number	Years known:
Pastor:		
Supervisor:		
Coworker		
Other:		

Do You Hold a Teaching Certificate? _____

(DESCRIPTION)

Teaching Preference (Subject Matter, Field or Grade) _____

College Major(s) _____

College Minor(s) _____

Campus Location Preference _____

Essay Question: **Why Do You Wish to Teach in a Christian School?**

Please return/submit this application to the school office or email below:

Merriman Campus (9-12th) • 510 37th Street, Beaver Falls, PA 15010 • Phone (724) 843 3002 • bccs.mc@bccspa.org

Carson Campus (K-8th) • 4001 6th Ave, Beaver Falls, PA 15010 • Phone (724) 843 8331 • bccs.wp@bccspa.org