

Beaver County Christian School APPLICATION FOR EMPLOYMENT

Name: _____ Date _____

Email Address: _____ 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?	HOW LONG DID YOU ATTEND?	DATE OF GRADUATION
Elementary School				
Secondary School				
	NAME AND LOCATION (CITY, STATE/PROVINCE) OF SCHOOLS YOU ATTENDED	HOW LONG DID YOU ATTEND?	DATE OF GRADUATION	DEGREE RECEIVED
College or University				

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) _____

Location Preference _____

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

Please save and attach this application to the employment application form on our website at:

bccspa.org/about/employment.cfm