

CERTIFICATION

Certificate or License Currently Held

- Valid Texas certificate
- Valid certificate from the state of _____.
- Alternative certification: _____
- Completing teacher certification program: _____ in _____

College/University
Month/Year
- Other: _____

Areas of Certification

- Early Childhood/Kindergarten
- Special Education (specify) _____
- Elementary
- Vocational (specify): _____
- Secondary – Subject area _____
- Librarian
- All-Level Art
- Counselor
- All-Level Health and PE
- Mid-Management
- All-Level Music
- Other (specify): _____

STUDENT TEACHING EXPERIENCE List school experience beginning with most recent year.

- School Name/District _____ City/State _____

Grade Taught _____ Supervising Teacher Name _____

Address _____

Phone Number: Work: (_____) _____ Home: (_____) _____
- School Name/District _____ City/State _____

Grade Taught _____ Supervising Teacher Name _____

Address _____

Phone Number: Work: (_____) _____ Home: (_____) _____
- School Name/District _____ City/State _____

Grade Taught _____ Supervising Teacher Name _____

Address _____

Phone Number: Work: (_____) _____ Home: (_____) _____

TEACHING EXPERIENCE List school experience beginning with most recent year.

Name and address of school	Type of Assignment	Dates Employed		Reason for Leaving
		Begin	End	
■ _____	_____	_____	_____	_____
■ _____	_____	_____	_____	_____
■ _____	_____	_____	_____	_____
■ _____	_____	_____	_____	_____

OTHER WORK EXPERIENCE List all other jobs beginning with most recent.

Employer Name	Position	Dates Employed		Reason for Leaving
		Begin	End	
■ _____	_____	_____	_____	_____
■ _____	_____	_____	_____	_____
■ _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES Please list references that are most familiar with your professional skills and abilities.

Please provide the information of at least three reference sources. Please include:

1. A supervisor or other person who knows your professional work.
2. Current employer if now employed, or last employer if not currently employed.
3. A parent whose child you have taught.

Please list most recent references first.

■ _____	Name	Position/Relationship	Area Code/Phone Number	
_____	Address or P.O. Box	City	State	Zip
■ _____	Name	Position/Relationship	Area Code/Phone Number	
_____	Address or P.O. Box	City	State	Zip
■ _____	Name	Position/Relationship	Area Code/Phone Number	
_____	Address or P.O. Box	City	State	Zip
■ _____	Name	Position/Relationship	Area Code/Phone Number	
_____	Address or P.O. Box	City	State	Zip

SUBSTITUTES If you are interest in substituting, please indicate the day(s) available.

Day(s) of Week: Every day **OR** Monday Tuesday Wednesday Thursday Friday

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize the references listed on the previous page to provide Waco Baptist Academy any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability or any damage that may result from furnishing this information.

Signature of Applicant

Date

Your Name _____ Date _____

Please explain your personal philosophy of education. Please address preferred teaching methodology, the role of the teacher, discipline, the role of the parent, and any other areas that are important in your belief.

Your Name _____ Date _____

Please share with us your Christian testimony