

FAIRFIELD CHRISTIAN ACADEMY

APPLICATION FOR K-12 TEACHING STAFF



DATE _____ NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

APPLYING FOR _____

EDUCATION

Please begin with your most recent educational experience.

INSTITUTION	LOCATION	DEGREE RECEIVED

LICENSURE

Initial licensure _____ Year _____ State _____

Have you ever allowed your teaching license to lapse or expire? YES NO

Do you have a Professional License or a Resident Educator License? _____

If you are a Resident Educator, what year are you? ONE TWO THREE

List any endorsements or additional certifications. _____

Attach a copy of your current teaching certificate to this application.

EXPERIENCE

Have you ever been dismissed, suspended or asked to resign from a teaching position? If yes, please explain.

Please begin with your most recent teaching experience including any student teaching experience.

POSITION	SCHOOL	ADDRESS	DATES OF EMPLOYMENT	

List any additional experience or training as a professional educator _____

List any other relevant professional experience _____

Describe any leadership roles or responsibilities _____

REFERENCES

PROFESSIONAL

Name _____ Relationship _____

Phone _____ How long have they known you? _____

Name _____ Relationship _____

Phone _____ How long have they known you? _____

PERSONAL

Name _____ Relationship _____

Phone _____ How long have they known you? _____

Name _____ Relationship _____

Phone _____ How long have they known you? _____

PASTORAL

What church do you currently attend? _____

In few sentences briefly describe your own faith journey and church involvement.

Please ask a member of the pastoral staff at your home church to complete the attached recommendation form and return it to the Superintendent's Office.

Upon hire you will be asked to sign a Christian lifestyle commitment as well as a document that details the mission, values and core beliefs of Fairfield Christian Academy. Both documents are available to you on the Employment Opportunities section of our website, and we urge you to review them. Please sign here to acknowledge that upon hire you will be asked to sign as an indication of your agreement with both of those documents.

SIGNATURE _____ DATE _____

NON-DISCRIMINATORY POLICY

Fairfield Christian Academy does not discriminate on the basis of race, color, national origin, disability or age in its privileges, programs and activities, as it pertains to both academics and extracurricular activities. This non-discriminatory policy is upheld as it relates to the admittance of students as well as the hiring of certified or non-certified personnel. As a nonpublic institution chartered through the Ohio Department of Education, FCA is not intended to be an alternative to court or administrative agency ordered, or public school district initiated, desegregation.

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.

FAIRFIELD CHRISTIAN ACADEMY

1965 N COLUMBUS ST LANCASTER, OH 43130

PHONE 740.654.2889

FAX 740.654.7689

PASTORAL RECOMMENDATION FORM

Name of applicant: _____

Position applied for: _____

Pastor or church staff member: please answer the following questions to the best of your knowledge. We appreciate your time and value your input in our decision making process. Return completed form by fax or mail directly to the Superintendent's Office at FCA.

1. Is the applicant a member of your church? YES NO

2. How long has the applicant attended your church? _____

3. On a scale of 1 - 10, how well do you know the applicant? (1 - not at all to 10 - extremely well)

1 2 3 4 5 6 7 8 9 10

4. Is the applicant an active and involved member of your church community? _____

5. How is the applicant involved in the ministry of your church? _____

6. Please select your level of recommendation and explain.

Strongly recommend Recommend Recommend with reservation Do not recommend

NAME _____ POSITION _____

CHURCH _____

EMAIL _____

SIGNATURE _____ DATE _____

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