

PERSONAL DATA FORM

A. Christian Experience

1. Provide a brief testimony of your salvation.
2. If you were to die tonight and stand before God and He asked you, Why should I let you in heaven, what would you say?
3. Explain briefly how you would communicate the Gospel to a child.

B. Christian Education

1. Why are you interested in a position at Wellington Christian School?
2. What is your philosophy of Christian Education?
3. Briefly describe your teaching style, your attitude regarding classroom discipline, and the manner in which you structure your classroom.
4. Explain teacher "effectiveness".

Have you ever been bonded or convicted of a felony?

Yes No

If so, Explain.

Have you ever worked in a child care facility that had a license or certificate of compliance denied, revoked, or suspended in any state or jurisdiction?

Yes No

If so, Explain.

APPLICANT'S ACKNOWLEDGMENT:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Applicant's Signature

Date

No job applicant or employee, full-time or part-time, meeting the requirements for employment, shall be denied employment because of race, color, sex, or national origin.

For Office Use Only

Date Received	Contacted	Appointment	Interviewed By



WELLINGTON
Christian School

1000 WELLINGTON TRACE • WELLINGTON, FL 33414 • PHONE: (561) 793-1017 • FAX: (561) 798-9622

Wellingtonchristian.org

DATE _____ APPLICATION FOR EMPLOYMENT

SOCIAL SECURITY # _____ POSITION DESIRED _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____

REFERENCES:

CHURCH _____

PASTOR _____
(Name) (Phone Number)

ADDRESS _____
(Street) (City) (State) (Zip)

PROFESSIONAL _____
(Name) (Position) (Phone Number)

ADDRESS _____
(Street) (City) (State) (Zip)

PERSONAL _____
(Name) (Phone Number)

ADDRESS _____
(Street) (City) (State) (Zip)

Mission Statement

The mission of Wellington Christian School is to impact the world by educating students in a Christ-centered, loving atmosphere that pursues spiritual and academic excellence.

EDUCATION BACKGROUND

College _____ Address _____ Major _____ Degree _____ Dates _____

College _____ Address _____ Major _____ Degree _____ Dates _____

High School _____ Address _____ Dates _____

WORK EXPERIENCE: (Please list most recent employer first.)

Employer _____ Position _____ Dates Employed _____

Address _____ Phone Number _____

Duties: _____

Reason for leaving _____

May we contact them: ___ Yes ___ No

Employer _____ Position _____ Dates Employed _____

Address _____ Phone Number _____

Duties: _____

Reason for leaving _____

May we contact them: ___ Yes ___ No

Employer _____ Position _____ Dates Employed _____

Address _____ Phone Number _____

Duties: _____

Reason for leaving _____

May we contact them: ___ Yes ___ No

PROFESSIONAL:

Years of teaching experience: _____ Years of administrative experience _____

Teacher Certificate State and Number _____

Area/s _____ Date of Expiration _____

CDA ___ Yes ___ No

40 Hours Child Care Certification ___ Yes ___ No

EXTRACURRICULAR EXPERIENCE:

Please list any extracurricular (coaching, advisor, yearbook, choral, etc.) experience:

HOBBIES, TALENTS, OR SPECIAL INTERESTS:

Please list any hobbies, talents, or special interests:

RECOGNITION:

Please list any public recognition or honors that you have received:

ADDITIONAL INFORMATION:

Any additional information that you feel may be helpful for consideration: