

## SEMINOLE MENNONITE SCHOOL

1500 SE 5<sup>th</sup> Street PO Box 5 Seminole, TX. 79360

Phone (432) 758-1151 Fax 432-758-1172

smssecretary10@yahoo.com

## **TEACHER APPLICATION**

Your Name:	Social Security No:				
Your Parents Names:					
Mailing Address	E-Mail				
Age:/_	Sex:/ Male   Female Marital Status: M				
Church Attending:	Church Members Yes No				
Have you accepted Christ? No Yes	Baptized? No _Yes _if yes when				
1. What languages do you spe	eak?				
2. Are you financially free	to go into Christian service?	YES NO			
3. Do you have a place to	live?	ES NO			
4. Do you have transporta	ation available?	YES NO			
<b>5.</b> Are you available to wo	ork from 8:00am - 4:00pm?	YES NO			
<b>6.</b> Please share your personal	testimony on a separate sheet of paper. (attach testimony to ap	plication)			
7. Please share your personal	interest, convictions, and philosophy of Christian Education.				
	What things have contributed to your interest in Christian Education?				
<ul><li>9. What level of education ha</li><li>10. Any Bible School? YES</li><li>11. Any College?</li></ul>	Note you completed?  S How long?  YES How long?				

Study earnestly to present yourself approved to God, a workman that does not need to be ashamed, rightly dividing the Word of Truth. 2 Timothy 2:15

12.	Have you completed the A-BEKA Training or any other Teacher Training?	YES	NO			
13.	How many years of teaching experience do you have?					
14.	What grades did you teach?					
15.	Where have you taught?					
16.	What Grade Or Subject do you prefer teaching?					
17. –	What enjoyments with children or youth have you enjoyed?					
18.	What hobbies or side - line interests do you enjoy?					
19. - -	Comment on how you would work at building warm and encouraging staff relationships:					
20.	Comment on how you would function subordinately and retain a servant's he you are responsible to (e.g. Ministerial, School Board, Principal, Parents):	art of respect an	nd loyalty to those			
21. -	Comment on your ideas and goals concerning classroom management:					
22. —	Comment on you ideas and goals concerning rules and discipline:					
24.	Are you taking any medication?  Are you willing to take a medical test if required?  Do you have any health problems or disabilities?  If yes please  YES!		NO! NO! NO!			
	explain:					

26. Please list three references that we may contact regarding your teaching position. If you are an experienced teacher, one should be a School Board Member, one Staff Member (preferably the Principal), and your Pastor:

		, <u> </u>	
1. Pastor:			
		Relationship:	
			_
Telephone:(	)		_
2.Reference:			
		Relationship:	_
Address:			
Telephone:()	)		
3. Reference:			
		Relationship:	_
			_
Telephone:(	·	<del></del>	
Any Questions Or C	'omments?		
•			
	Signature	Date	
P) 1 ATT 41		4.01 1.11 0 4	
Please have ALL u	ie blanks illied o	out than send this form to:	
		SEMINOLE MENNONITE SCHOOL 1500 SE 5 <sup>th</sup> Street	
		PO Box 5	
		Seminole, TX. 79360-0005	
		Seminule, 1A. 79300-0005	
Note: If you are not a	a US residents vou	need to apply for a "B-1" Visa (214.2 (b) (7) for more information	n please call
<i>y</i> -		Tr V	- <b>F</b>
For Office Use Onl	y:		
(I) the Scho		an have interviewed the applicant and will give Him / Her notice	
/	if He / She	e is accepted after I have presented the applicant to the Board and	d Administrator.
		Cianatura	Doto

Study earnestly to present yourself approved to God, a workman that does not need to be ashamed, rightly dividing the Word of Truth. 2 Timothy 2:15