



SEMINOLE MENNONITE SCHOOL

1500 SE 5th 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: _____ Telephone (_____) _____ - _____

Mailing Address _____ E-Mail _____

Age: _____ Sex: _____
Birthday: ____/____/____ Male Female Marital Status: M S

If married, Name of Spouse _____

Church Attending : _____ Church Members Yes _____ No _____

Have you accepted Christ? No ___ Yes ___ if yes when _____ Baptized? No ___ Yes ___ if yes when _____

1. What languages do you speak? _____

2. Are you financially free to go into Christian service? **YES** **NO**

3. Do you have a place to live? **YES** **NO**

4. Do you have transportation available? **YES** **NO**

5. Are you available to work from 8:00am – 4:00pm? **YES** **NO**

6. Please share your personal testimony on a separate sheet of paper. (attach testimony to application)

7. Please share your personal interest, convictions, and philosophy of Christian Education.

8. What things have contributed to your interest in Christian Education?

9. What level of education have you completed? _____

10. Any Bible School? YES How long? _____

11. Any College? 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

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:

*** Also include a résumé and send it to the above address, e-mail or fax number. A copy of your ID will be required**

1. Pastor:

Name: _____ Relationship: _____
Address: _____
Telephone:(_____) _____ - _____

2.Reference:

Name: _____ Relationship: _____
Address: _____
Telephone:(_____) _____ - _____

3. Reference:

Name: _____ Relationship: _____
Address: _____
Telephone:(_____) _____ - _____

Any Questions Or Comments?

Signature

____/____/____
Date

Please have ALL the blanks filled out than send this form to:
SEMINOLE MENNONITE SCHOOL
1500 SE 5th Street
PO Box 5
Seminole, TX. 79360-0005

Note: If you are not a US residents you need to apply for a “B-1” Visa (214.2 (b) (7) for more information please call

For Office Use Only:

(I) the School Board Chairman have interviewed the applicant and will give Him / Her notice on or before
____/____/____ if He / She is accepted after I have presented the applicant to the Board and Administrator.

____/____/____
Signature Date

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