



P.O. Box 608  
Clovis, NM 88102

# Clovis Christian Schools

Teaching Minds to *SOAR*

EAST CAMPUS  
PK-12  
2000 Humphrey Road  
575-935-2279  
FAX 575-935-2281  
www.cloviseagles.com

WEST CAMPUS  
Athletic Offices/Gym  
800 Hinkle

**FOR OFFICE USE**

Date of Hire: \_\_\_\_\_  
Position: \_\_\_\_\_

## CERTIFIED APPLICATION

### SECTION 1: BIOGRAPHICAL INFORMATION

APPLICATION DATE: \_\_\_\_\_ APPLYING FOR:  PRE K-6<sup>TH</sup>  7<sup>TH</sup> - 12<sup>TH</sup>

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/PO BOX) (CITY AND STATE) (ZIP)

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WHEN COULD YOU BEGIN TO WORK AT CLOVIS CHRISTIAN SCHOOLS? \_\_\_\_\_

### SECTION 2: EDUCATIONAL BACKGROUND

A. WHAT CREDENTIALS DO YOU HOLD?	DATE OF EXPIRATION

**PLEASE LIST EVERY SCHOOL YOU HAVE ATTENDED SINCE HIGH SCHOOL:**

NAME & LOCATION	DATES	DEGREE / DIPLOMA OR # OF HOURS	SPECIAL STUDIES OR MAJOR
1. _____			
2. _____			
3. _____			
4. _____			

**B. WHERE DID YOU GRADUATE FROM HIGH SCHOOL?** \_\_\_\_\_

C. BIBLE TRAINING	CREDITS EARNED
1. BIBLE & THEOLOGY	
2. CHRISTIAN EDUCATION	
3. OTHER FORMAL OR INFORMAL BIBLE TRAINING	
4. DO YOU PERSONALLY STUDY THE BIBLE CONSISTENTLY?	
5. LIST AND DESCRIBE ANY COURSES TAKEN IN CHRISTIAN PHILOSOPHY OF EDUCATION AND/OR COURSES GIVING SPECIFIC TRAINING FOR CHRISTIAN DAY SCHOOLS:	
<b>D. GENERAL DATA:</b>	
1. WHAT COURSES IN THE TEACHING OF READING AND MATH HAVE YOU TAKEN?	
2. WHAT PLANS DO YOU HAVE FOR FURTHER TRAINING OR EDUCATION?	

**SECTION 3: TEACHING EXPERIENCE**

**PLEASE LIST ALL ACADEMIC TEACHING EXPERIENCE YOU HAVE HAD, THE MOST RECENT FIRST.**

<b>SCHOOL</b>	<b>ADDRESS</b>	<b>GRADE(S)</b>	<b>DATES</b>
1.			
2.			
3.			
4.			
5.			

**PLEASE LIST ANY OTHER TEACHING EXPERIENCE YOU HAVE HAD,  
AGAIN STARTING WITH THE MOST RECENT FIRST.  
(THIS MAY INCLUDE: SUNDAY SCHOOL, YOUTH GROUPS, ETC.)**

1.
2.
3.
4.
5.

## SECTION 4: POSITION DESIRED

### RATE GRADE LEVEL PREFERENCES AS 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>

PRE K	K	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>	7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	10 <sup>TH</sup>	11 <sup>TH</sup>	12 <sup>TH</sup>

**WHAT EXPERIENCE DO YOU HAVE IN WORKING WITH THE AGE LEVEL YOU DESIRE TO TEACH?**

**ARE YOU INTERESTED IN AN ADMINISTRATIVE POSITION NOW OR IN THE FUTURE? (SPECIFY)**

**HOW DO YOU FEEL ABOUT TEACHING A BIBLE CLASS ON YOUR PREFERRED LEVEL?**

**ARE YOU INTERESTED IN OR DO YOU HAVE TRAINING IN ANY OF THE FOLLOWING:**

<input type="checkbox"/> ART	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> OFFICE WORK	<input type="checkbox"/> SPORTS (SPECIFY)
<input type="checkbox"/> DEBATE	<input type="checkbox"/> MUSIC	<input type="checkbox"/> PHOTOGRAPHY	
<input type="checkbox"/> DRAMA	<input type="checkbox"/> BAND	<input type="checkbox"/> STUDENT GOVERNMENT	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> PHYSICAL EDUCATION	<input type="checkbox"/> YEARBOOK	<input type="checkbox"/> JOURNALISM	
<input type="checkbox"/> COMPUTER EXPERTISE			

**SECTION 5: CHRISTIAN EXPERIENCE AND PHILOSOPHY**

**1. WHEN DID YOU ACCEPT CHRIST AS YOUR PERSONAL SAVIOR?**

**2. OF WHAT CHURCH ARE YOU A MEMBER?**

**3. HOW OFTEN DO YOU ATTEND CHURCH?**

REGULARLY       FREQUENTLY       OCCASIONALLY       SELDOM       NEVER

**4. IF MARRIED, DOES YOUR SPOUSE EXPERIENCE AND SHARE THE SAME CHRISTIAN PHILOSOPHY AS YOU?**  
 YES       NO

**IS HE/SHE IN TOTAL AGREEMENT WITH YOUR APPLICATION TO CLOVIS CHRISTIAN SCHOOLS?**  
 YES       NO

**5. DESCRIBE YOUR PERSONAL RELATIONSHIP WITH JESUS CHRIST:**

**6. DISCUSS:**

**A. THE BIBLE AS THE INFALLIBLE WORD OF GOD**

**B. THE TRINITY**

**C. THE DEITY AND MISSION OF CHRIST**

**D. THE DEFINITION OF A CHRISTIAN**

**E. THE FILLING AND WORK OF THE HOLY SPIRIT**

**SECTION 6: EDUCATIONAL PHILOSOPHY**

**1. STATE YOUR UNDERSTANDING OF A CHRISTIAN PHILOSOPHY OF EDUCATION:**

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**2. SHARE YOUR VIEWS ON THE FOLLOWING:**

**A. ROLE OF THE TEACHER IN THE CHRISTIAN SCHOOL CLASSROOM**

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**B. ROLE OF THE PARENT IN THE EDUCATION OF THEIR CHILDREN**

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**C. CLASSROOM DISCIPLINE**

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**3. WHY DO YOU WANT TO TEACH AT CLOVIS CHRISTIAN SCHOOLS?**

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**SECTION 7: REFERENCES**

**PLEASE LIST THE FOLLOWING REFERENCES:**

<b>FRIEND'S NAME:</b>	ADDRESS:
	PHONE NUMBER:

<b>PASTOR'S NAME &amp; CHURCH NAME:</b>	ADDRESS:
	PHONE NUMBER:

<b>EMPLOYER'S NAME:</b>	ADDRESS:
	PHONE NUMBER:

**MAJOR PROFESSOR, IF RECENT AND ABLE TO EVALUATE:**  
(OR SOMEONE WHO HAS SUPERVISED YOUR WORK IN EDUCATION OR OTHER PERSON, IF YOU HAVE NO EDUCATIONAL EXPERIENCE).

<b>PROFESSOR'S NAME:</b>	ADDRESS:
	PHONE NUMBER:

*PLEASE GIVE A CONFIDENTIAL INFORMATION TEACHER EVALUATION TO THREE OF THE ABOVE PERSONS, INCLUDE AN ADDRESSED, STAMPED ENVELOPE FOR THEIR CONVENIENCE, TO BE MAILED DIRECTLY TO:*

**CLOVIS CHRISTIAN SCHOOLS  
PO Box 608  
CLOVIS, NM 88102**

**YOU CANNOT BE CONTACTED FOR AN INTERVIEW UNTIL THESE REFERENCES HAVE BEEN RECEIVED.**

**IT IS THE POLICY OF CLOVIS CHRISTIAN SCHOOLS TO PROVIDE EQUAL OPPORTUNITY IN EMPLOYMENT OR THE PROVISION OF SERVICES TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT. NO PERSON SHALL BE DISCRIMINATED AGAINST IN EMPLOYMENT BECAUSE OF SUCH INDIVIDUAL'S RACE, RELIGION, COLOR, AGE, SEX, MARITAL STATUS, VETERAN STATUS, NATIONAL ORIGIN, OR DISABILITY. THE LAW ALSO REQUIRES THAT COVERED ENTITIES PROVIDE QUALIFIED APPLICANTS AND EMPLOYEES WITH DISABILITIES WITH NECESSARY ACCOMMODATIONS THAT DO NOT IMPOSE UNDUE HARDSHIP.**

**IT IS THE RESPONSIBILITY OF THE APPLICANT OR EMPLOYEE TO INFORM THE PERSONNEL DEPARTMENT THAT AN ACCOMMODATION IS NEEDED.**

**SIGNATURE:**





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## CONFIDENTIAL INFORMATION TEACHER EVALUATION – RECOMMENDATION

Page 1 of 2

**NAME OF PERSON FOR RECOMMENDATION:**

(LAST)

(FIRST)

(MIDDLE)

HAS APPLIED FOR A TEACHING POSITION WITH CLOVIS CHRISTIAN SCHOOLS. YOUR NAME WAS GIVEN AS A REFERENCE. PLEASE WRITE IN THE SPACE BELOW YOUR APPRAISAL OF THE ABOVE CANDIDATE. BE ASSURED WHATEVER YOU SAY WILL BE HELD IN THE STRICTEST CONFIDENCE.

PERSONAL STANDARDS	POOR 1	FAIR 2	GOOD 3	EXCELLENT 4	NOT APPLICABLE	SPECIFIC COMMENTS
Loyalty (submission to authority)						
Relaxed, open personality						
Commitment to excellence						
Good sense of humor						
Promptness						
Honest with self & others						
Good attendance						
Confidential						
Integrity						
Ability						
General appearance						

**CONFIDENTIAL INFORMATION**  
**TEACHER EVALUATION – RECOMMENDATION**

**For:** \_\_\_\_\_

Page 2 of 2

DEMONSTRATED COMPETENCE	POOR 1	FAIR 2	GOOD 3	EXCELLENT 4	NOT APPLICABLE	SPECIFIC COMMENTS
Open and flexible teaching personality						
Voice and speech patterns						
Ability to work cooperatively with other staff						
Maturity of judgment and ability to make realistic decisions						
Command of subject matter						
Preparation for lessons						
Classroom management and control						
Performance of a variety of critical teaching tasks						
Ability to evaluate students						
Fair and just attitude in dealing with students						

**Please check predicted success as a teacher on the following scale:**

UNACCEPTABLE 1	REQUIRES IMPROVEMENT 2	ACCEPTABLE 3	COMPETENT 4	COMMENDABLE 5	SUPERIOR 6

**General comments: YOUR WRITTEN COMMENTS ARE ENCOURAGED. Included may be such items as: reliability, attitudes, effort, etc. (Use back of this page as necessary)**

<b>NAME OF EVALUATOR (PRINTED)</b>	<b>POSITION</b>
<b>SIGNATURE OF EVALUATOR</b>	<b>DATE</b>

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