



I. PERSONAL INFORMATION

Name: _____ Address: _____

Phone: _____ City, Zip: _____

Email: _____ Birth date: _____

Teaching Preference: _____

Marital Status: _____ Spouse Name: _____

Children:

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

Current Church Membership: _____ Denomination _____

Do you have any recurring illness or other physiological difficulties that may, at any time, affect your teaching efficiency? If so, please explain.

Have you ever been arrested or convicted for any criminal act? _____ If so, please explain on a separate page.

Are you particularly interested, gifted or qualified in any of the following?

_____ Art _____ Music _____ Physical Education _____ Latin or other Foreign Languages

What are your personal interests and hobbies?



WESTMINSTER

SCHOOL AT OAK MOUNTAIN

Give a brief summary of your Christian testimony including highlights of what God is currently doing in your life.

II. PROFESSIONAL EDUCATION AND TRAINING

School Name

Address

Years Completed

Secondary School: _____

College/University: _____

College Major: _____ College Minor: _____

Degrees Earned: _____ Certification: _____

Post Graduate: _____

Degrees Earned: _____ Certification: _____

Other Training: _____

III. TEACHING EXPERIENCE

School Name

Grades Taught

School Years

of Years

IV. REFERENCES

Name

Relationship

Address

Phone Number

1. _____

2. _____