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**CLINTON CHRISTIAN ACADEMY**

101 West Northside Drive

Clinton, MS 39056

Telephone: 601-910-5990

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**APPLICATION FOR POSITION AS:**

**CERTIFIED TEACHER**

Date of Application

Date of Availability

 Cell

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (State) (Zip)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division – Please indicate your 1st, 2nd, and 3rd choice of grade preference.

PreK-K \_\_\_\_\_\_\_\_\_ Grades 1-4 \_\_\_\_\_\_\_\_ Grades 5-6 \_\_\_\_\_\_\_\_\_\_

Grades 7-8 \_\_\_\_\_\_\_\_\_ Specify Subject Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grades 9-12 \_\_\_\_\_\_\_\_ Specify Subject Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all professional certifications which you hold:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School and Location:** Include High School, College, and Graduate Work | **Dates Attended**(mo. /yr.) | **Degree or Diploma** | **Major** |
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**FOR RECENT COLLEGE GRADUATES:** Please provide the following information regarding Student Teaching experience:

Grade Level and Subject Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School District and State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES:** Minimum of four are required including pastor, superintendent, principals, or supervisors with whom you are working or have worked. Persons who directed your professional preparation (including student teaching supervisor) should also be listed if you have had no teaching experience.

|  |  |  |
| --- | --- | --- |
| Name | Title or Position | Address/Telephone |
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**TEACHING EXPERIENCE:** (List in chronological order beginning with most recent position)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Positioni.e. Teacher, Prin., Supt. | School District, City, State | Grade/Subject | Supervisor | Period of ServiceFrom To(Mo.-Yr.) (Mo.-Yr.) |
|  |  |  |  |  |
|  |  |  |  |  |
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**PERSONAL INFORMATION:**

1. Have you submitted as your professional reference someone other than either the principal of your most recent teaching position or the supervisor of your teacher training? No Yes

2. Have you ever for any reason been suspended, dismissed or asked to resign a teaching position? No Yes

3. Have you ever had a teaching certificate denied, suspended or revoked? No Yes

4. Have you ever been found guilty of immoral conduct or dismissed from any teaching position for immoral or unprofessional conduct or for unfitness for service? No Yes

5. Have you ever been convicted of any felonies and/or misdemeanors? No Yes

If yes, state full details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please answer the following questions. Limit your answer to the space provided.

1. What do you consider to be the mission of a Christian School?

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2. What strengths could you contribute to fulfill the mission of a Christian School?

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**SUBMIT the following documents along with your application:**

 **1. Official college transcript(s)**

 **2. Copy of teaching license(s) – MAIS and or State License**

 **3. Copy of Praxis Score Report (only if you do NOT hold a current teacher license)**

**Statement:** Clinton Christian Academy does not discriminate on the basis of sex, race, color, national origin, age or handicap.

**Statement:**  I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I understand that I will be
undergoing a background check and I agree to sign any necessary release forms to assist in the obtaining of this information.

**The following are required to activate your file:**

**1. Completed Application**

**2. Official College Transcript(s)**

**3. Copy of Teacher License(s)**

**4. Copy of Praxis (if applicable)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**Revised 03/02/2016**