

RECORD OF EDUCATIONAL AND PROFESSIONAL PREPARTATION

Please list highest grade completed: _____ *Passed GED Yes/No*

TYPE OF SCHOOL	NAME	LOCATION	YEARS ATTENDED	DIPLOMA OR DEGREE/FIELD OF STURY (IF COLLEGE DEGREE)
HIGH SCHOOL				
COLLEGE (S)				
TRADE OR TECH SCHOOL				

Office Skills: Typing Speed _____ *wpm*

Computer program/software knowledge: _____

Business Machines Operated: _____

RECORD OF WORK EXPERIENCE

List Most Current Employer First

<i>Employer:</i>	<i>Dates of Employment (from/to):</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

RECORD OF WORK EXPERIENCE (continued)

<i>Employer:</i>	<i>Dates of Employment:</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

<i>Employer:</i>	<i>Dates of Employment:</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

<i>Employer:</i>	<i>Dates of Employment:</i>
<i>Address:</i>	<i>Phone:</i>
<i>Supervisor:</i>	<i>Supervisor's Title:</i>
<i>Your Job Title:</i>	<i>Hours/Days:</i>
<i>Job Duties:</i>	

PERSONAL REFERENCES

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal, race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

ORGANIZATION	OFFICE HELD

LIST SPECIAL ACCOMPLISHMENT, PUBLICATIONS, AWARDS, ETC.

Exclude memberships that would reveal, race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

MISSION STATEMENT

Equip minds, nurture hearts, and promote service all for the glory of God.

PHILOSOPHY

We, the Board of Directors, administration, and faculty of Grace Fellowship Academy believe the school to be an extension of the home and the Christian Church for the purpose of educating any student who has a desire to be educated in a Christian-oriented atmosphere and whose educational needs the school is prepared to meet. Grace Fellowship Academy’s view of life is based upon the *Bible* as God’s only infallible written revelation to man.

The student at Grace Fellowship Academy is taught to live a disciplined life under the Lordship of Jesus Christ. Discipline based on God’s Word is prayer-fully administered in Christian love and firmness.

I hereby certify that have read and agree with the above **MISSION STATEMENT** and **PHILOSOPHY** of Grace Fellowship Academy and do affirm that my beliefs are consistent with those stated.

Signature _____ *Date*

PERSONAL TESTIMONY

Grace Fellowship Academy requires employees be Born-again Christian and provide his/her testimony. Please answer the following questions.

1. What is a Christian (believer)?

2. How does one become a Christian (believer)?

3. Are you committed to being actively involved in a local Bible believing church weekly?

4. Write your own personal testimony telling when and how you received Christ as your personal Savior and His meaning in your life. (Additional sheets may be added)

**GRACE FELLOWSHIP ACADEMY
CLASSIFIED CANDIDATE REFERENCE FORM**

DATE _____

CANDIDATE'S NAME _____

EVALUATOR'S NAME _____

Dear Evaluator:

As part of our hiring process, classified candidates are asked to have persons who have knowledge of their professional and spiritual qualities to complete this form. Please complete and return by mail or fax soon as possible. This reference form will become part of the candidate's application document and will remain strictly *confidential*. Thank you for your assistance.

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Please indicate your evaluation of applicant by placing an (X) in the appropriate column.

	Excellent	Good	Average	Fair	Poor	No Date
Spiritual Maturity						
Spiritual Depth						
Christian Role Model						
Efficiency/Work Ethics						
Dependability						
Attitude towards Supervisor						
Rapport w/ Colleagues						
Consideration for others						
Classroom discipline/control						
Sets/maintains high standards						
Motivates Students						
Enthusiasm for Teaching						
Creativity in Teaching						
Professionalism						
Personal Neatness						
Organization Abilities						
Works at infusing Christ into Teaching						
Leadership among colleagues						
Involvement in Extracurricular activities						
Involvement in Church						

1. Please underline any traits listed below which may characterize the applicant.

- a. Can be IMPATIENT, INTOLERANT, ARGUMENTATIVE, DOMINEERING, SULLEN, CRITICAL OF OTHERS
- b. Easily EMBARRASSED, DISCOURAGED, DEPRESSED, IRRITATED, ANGERED, MOODY
- c. Frequently WORRIED, NERVOUS, TENSE
- d. Given to EXCLUSIVE FRIENDSHIPS, DIVISIVENESS, LACK OF HUMOR, HARD TO GET CLOSE TO

2. Please list below what you feel are the applicants...

Strongest Points:

Weakest Points:

3. Do you personally believe this person would be a good addition to a Christian school teaching staff?

Yes No Doubtful

4. Other Comments that would be helpful for consideration of employment

5. Signature of Evaluator _____

Relationship to Applicant _____

Address _____

Telephone _____ - _____ - _____

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Please mail or email to:

Grace Fellowship Academy
Attention: Principal
6500 S. Miller Road
Buckeye, AZ 85326
Phone: 623-393-8883
principal@gracefellowshipacademy.org