First Christian Academy
24530 NW 199 Lane
High Springs, FL 32643

www.fcahighsprings.org
386-454-1641

TEACHER APPLICATION

Your interest in First Christian Academy is appreciated. We invite you to fill out this initial application and return it to our school office. If an opening occurs for which you may qualify, we will notify you.

We realize that the key to a successful Christian school is its staff. We are seeking applicants who are professionally qualified, who love children, and who, by the pattern of their lives, are Christian role models (Luke 6:40).

We look forward to receiving your initial application. It is our prayer that God will fulfill His perfect will in the lives of all applicants.

I. APPLICANT'S PERSONAL DATA

Full Name: _____

Application Date: _____ / _____ / _____   Date Available _____ / _____ / _____

Address _____

City _____   State _____   Zip Code: _____

Phone (Day) _____   (Evening) _____

Marital Status _____   Have you obtained the age of 18? ☐ Yes   ☐ No

II. POSITION DESIRED

Please indicate your preferred area with an X.   Notate your preferred grades or subject in the space provided.

☐ Preschool   ☐ Elementary   ☐ Middle School   ☐ High School

Preferences: _____

☐ Full-Time   ☐ Part-Time   ☐ Substitute

How did you learn about the position for which you are applying? _____

_____

Minimum Acceptable Salary: _____

III. PROFESSIONAL QUALIFICATIONS

Official copies of your postsecondary transcripts will be required for inclusion in your personnel file if offered employment.

School	Location	Dates Attended	Course of Study	Degree Received
High School				
College/University				
College/University				
College/University				
Vocational				

List any childcare training you have completed in the last three years (First Aid, CPR, Child Care Credentials, CDA, etc…)

_____

_____

_____

Sequentially list your teaching experience with most recent first:

School's Name	**Grade or Subjects**	**# of Years**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an ACSI teaching certificate? ☐ Yes ☐ No

Do you have a State of Florida teaching certificate? ☐ Yes ☐ No

Do you have any endorsements? (Please list.) _____

_____

IV. EMPLOYMENT HISTORY. Please start with your current or most recent employer work backwards for the past ten years. If necessary, you may the same format on a separate sheet of paper.

1. Employer: _____ Position Held: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

_____

2. Employer: _____ Position Held: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

_____

3. Employer: _____ Position Held: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

_____

4. Employer: _____ Position Held: _____

Address: _____

Supervisor Name: _____ Phone Number: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

_____

V. CHRISTIAN BACKGROUND

Please carefully read our Statement of Faith and indicate your degree of support.

☐ I fully support the Statement of Faith as written without mental reservations.

☐ I support the Statement of Faith except for the area(s) listed and explained. The exceptions represent disagreements or items for which I have not yet formed an opinion or conviction.

_____

_____

_____

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth, and conduct?   ☐ Yes   ☐ No

What is your local church affiliation? _____

Are you a member in good standing?   ☐ Yes   ☐ No

In what church activities are you involved? _____

I understand that the weekday program of First Christian Academy is a ministry of First Baptist Church of High Springs and that to be employed I must be a Christian, active in a Bible-believing church, and able to give clear evidence of Christian testimony.   Applicant's Initials _____

VI. ADDITIONAL INFORMATION

Have you ever been convicted of a crime or felony?   ☐ Yes   ☐ No

Do you object to being fingerprinted?   ☐ Yes   ☐ No

Have you ever held a child care license with the Department of Children and Families or been registered to provide childcare in your home?   ☐ Yes   ☐ No

VII. REFERENCES

Name	Address	Phone Number	Relationship