

Kids of the Kingdom Episcopal School

TEACHER APPLICATION

Name _____ Date _____

Address _____ Zip _____

Email _____ Phone: cell _____ hm _____

Position Applying for: _____ Expected Rate per Hour \$ _____

Hrs. Available (6:45-5:30) M _____ T _____ W _____ Th _____ F _____

PERSONAL HISTORY

Birthdate _____ Social Security Number _____ Drivers License Number _____

Spouse's Name _____ Spouse's Occupation _____

Children's Names	Age	Children's Names	Age
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_____	_____	_____	_____
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_____	_____	_____	_____
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EDUCATIONAL HISTORY

High School _____ H.S. Diploma _____ or GED _____ (check one)

College(s) _____ year(s) _____ Degree Yes or No (circle)

_____ year(s) _____ Degree Yes or No (circle)

Major _____ Total # of College Hrs. _____

PROFESSIONAL EXPERIENCE WORKING WITH CHILDREN

PLACE	RESPONSIBILITY	DATES
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_____	_____	_____
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_____	_____	_____
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OTHER PREVIOUS EMPLOYMENT

PLACE	RESPONSIBILITY	DATES
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_____	_____	_____
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_____	_____	_____
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Non-Professional Experience Working with Children:

Member of what church? _____ How long? _____

Previous church membership _____

How actively involved are you in the work of your local church? _____

Write briefly your Christian testimony: (What is your relationship to God and how does this affect your daily life?)

What qualities or abilities do you possess that you feel would help you most to be a good teacher?

Why do you like working with children? _____

Have you been in any leadership roles? yes _____ no _____

If yes, briefly describe those roles: _____

REFERENCES: (Previous Employers)

<u>Supervisor's Name</u>	<u>Place of Employment</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Individual's Identifying Information

Initial Renewal Fingerprint Check Required FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
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List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
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Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
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List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
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Social Security No.	Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Passport: _____	<input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Permanent Resident Card: _____
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Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email _____ Area Code and Telephone No. _____

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

Adoptive Parent Contracted Service Provider Director Foster Parent Foster/Adoptive Parent
 Household Member Frequent/Regular Visitor Licensed Administrator Owner/Permit Holder
 Staff/Employee Unverified Respite Provider Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative Fictive Kin Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... Yes No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months 18 months – 2 years 3 years – 4 years 5 years – 13 years 14 years – 17 years
 Over 17 years N/A