

1909 Homedale Rd. Klamath Falls, OR 97603 ● Office 541-884-6467 ● Fax 541-882-1468

Teacher Application

Application Date:	Date Available:
We are excited for your desire to participate in this refollowing criteria:	ministry. We are looking for teachers with the
-	of God to participate in the ministry, seeing it as a liren shall be taught by the LORD, And great shall be
After reading and considering these criteria, ask the the Lord's leading into this ministry, fill out the appli	· · · · · · · · · · · · · · · · · · ·
Applicant's Information: () Miss () Mrs. () Mr.	
Last Name	_ First Name
Physical Address	
Mailing address (if different than above)	
Home Phone ()	_ Cell Phone ()
Email Address	
Marital Status: () Married () Widowed () Separ	

Area of Interest		
() Kindergarten	() 1 st -3 rd	() 4 th -6 th
() 7 th -8 th	() 9 th -12 th	() Substitute
Please list activities or sport: (indicate grade or ability leve		ble or willing to direct, sponsor, advise or coach
Christian Background		
Please describe your walk w	ith the Lord at this p	resent time:
Do you attend church?	If so, wh	nat church?
Please list your Pastor's nam		
Please describe your current	t involvement in chui	rch, including volunteer experiences:
What services/Rible studies	do vou attend?	
vviiat sei vices/ bible studies	ao you attenu:	

How often do you attend services/Bible studies? _____

Please give your personal testimony of your relationship with Jesus Christ and when you asked Him to be your Lord and Savior. Attach an additional sheet of paper if necessary.
What is the Lord teaching you at this time in your life?
Do you feel the Lord has called you to work at NHCS? How so?

Professional Qualifications

Please attach photocopies of all college transcripts. Should you be offered a position, official copies of your college transcripts will be required to be submitted for inclusion in your personnel file.

What degree(s) do you hold?			
Degree/Institution	Date Received	Major/Minor	
Sequentially list your teaching		nt first.	
Place	Grade or Subject	Dates	
Number of years teaching:		hristian	
Are you under contract for th	e ensuing year? () Yes () No	
Do you have a state teaching	certificate? State		
What kind?	Valid	d for how many years?	

References

*Please note we require written references. These must be received before we will conduct an interview and move ahead in the process. Thank You!				
Personal				
Please give three references who are qualified to speak of your spiritual experience and Christian service. <i>Please remember to submit written references from each person you list.</i>				
Name	Phone	Position		
School				
_	t recent principal or supervisor f	of your professional training and direct. <i>Please remember to submit</i>	-	
Name	Phone	Position		
Do you have any additio considering you as a tea	·	o share with us, personal or profe	essional, in	
		.		

Medical Information

Do you have any health conditions we need to be aware of?
Do you have any physical handicaps or other conditions that might affect your ability to teach/work?
Yes No
If yes, please explain:
Do you have any evidence of hearing or vision difficulties? Yes No
If yes, please explain:
Do you currently take prescription medications? Yes No
If yes, please explain:
Will these be administered during school hours? Yes No

Clearances

Have you ever been arrested for child molestation/endangerment? Yes No
Have you ever been convicted of a crime? Yes No
If yes, please explain:

Interview Process

A personal interview will be required and arranged as soon as all required materials are received. If you have any questions please contact the administrator.

Required Materials

- Teacher application
- Written references
- Transcripts
- Clearances (if applicable)
- Statement of Faith
- Pastor Reference Form