

# *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 (6:30-6:30) 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   |
|------------------|-------|------------------|-------|
| _____            | _____ | _____            | _____ |
| _____            | _____ | _____            | _____ |

### **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 |
|-------|----------------|-------|
| _____ | _____          | _____ |
| _____ | _____          | _____ |

### **OTHER PREVIOUS EMPLOYMENT**

| PLACE | RESPONSIBILITY | DATES |
|-------|----------------|-------|
| _____ | _____          | _____ |
| _____ | _____          | _____ |

**Non-Professional Experience Working with Children:**

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Member of what church? \_\_\_\_\_ How long? \_\_\_\_\_

Previous church membership \_\_\_\_\_

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

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

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

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Why do you like working with children? \_\_\_\_\_

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Have you been in any leadership roles? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, briefly describe those roles: \_\_\_\_\_

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**REFERENCES:** (Previous Employers)

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

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**INDIVIDUAL'S IDENTIFYING INFORMATION**

|                                  |   |   |   |
|----------------------------------|---|---|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> 24 Month Check | <input type="checkbox"/> Fingerprint Check Required | <input type="checkbox"/> FBI Results in DPS Clearinghouse |
|----------------------------------|---|---|---|

|             |              |            |
|-------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
|-------------|--------------|------------|

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: |
|--------------------|---------------------|-------------------|

|                 |       |        |           |
|-----------------|-------|--------|-----------|
| Street Address: | City: | State: | Zip Code: |
|-----------------|-------|--------|-----------|

|         |                              |                |   |
|---------|------------------------------|----------------|---|
| County: | Telephone Number:<br>(   ) - | Date of Birth: | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|---------|------------------------------|----------------|---|

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):<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic | Race:<br><input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Pacific Islander |
|--|---|

|                         |   |  |
|-------------------------|---|--|
| Social Security Number: | Photo ID Type:<br><input type="checkbox"/> Driver License:<br>Number:                      State:<br><input type="checkbox"/> State ID: | Date Hired or Used by the Operation or Agency: |
|-------------------------|---|--|

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:

Telephone Number:

Relationship of person to requestor:

|  |                                    |                                    |  |   |   |
|--|------------------------------------|------------------------------------|--|---|---|
| <input type="checkbox"/> Adoptive Parent | <input type="checkbox"/> Caregiver | <input type="checkbox"/> Director  | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Household Member | <input type="checkbox"/> Licensed Administrator |
| <input type="checkbox"/> Other Staff     | <input type="checkbox"/> Staff     | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other:        |   |   |

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 paid or is this person currently paid by the operation in the role selected?  Yes  No