



SANTIAGO CHRISTIAN SCHOOL APPLICATION FOR EMPLOYMENT – PART II

DIRECTIONS: Complete and sign. Print in black ink or type. If questions do not apply, enter “NA”.

I have completed and submitted: <ul style="list-style-type: none"> <input type="checkbox"/> SCS Application for Employment Part 1 <input type="checkbox"/> Personal résumé including education, certifications/licensure, and employment history <input type="checkbox"/> Photograph <input type="checkbox"/> Signed SCS Statement of Faith and Christian Lifestyle

GENERAL INFORMATION	
Last Name	First Name
Passport No.	Social Security No./Cédula No.

HEALTH	
Select the term which best describes your health.	<input type="checkbox"/> Vigorous <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Will you need any special type of medical services, treatment, or medication while in Santiago, Dominican Republic?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Briefly discuss any medical conditions that would limit your ability to perform the specific duties of the position being applied for. These may include chronic ailments, allergies, physical disability or handicap, or mental health conditions. (Feel free to use additional paper as needed.)	
If you are bringing family members with you, please describe any that would affect their ability to live in a third world country. (Feel free to use additional paper as needed.)	

BACKGROUND INFORMATION			
	YES	NO	If yes, please explain
Have you ever been convicted of a crime?			

FINANCIAL INFORMATION			
	YES	NO	If yes, please explain
Do you have any outstanding financial obligation(s)?			If yes, check those that apply. <input type="checkbox"/> Credit card <input type="checkbox"/> Mortgage <input type="checkbox"/> Student Loan <input type="checkbox"/> Other (specify):
			If yes, how much will your monthly payment be? \$_____

ACADEMIC PREPARATION

	School name & location	Dates attended	Graduation Date	Degree (BA, MED. etc)	Credit Hours (if degree is not completed)	Program of Study	
Undergraduate						Major	
						Minor	
							Major
							Minor
Graduate							

TEACHER CERTIFICATION/LICENSURE			
State teaching license		Type of certification	Number
Issuing date	Expiration date	Level	Endorsements
OTHER TEACHER CERTIFICATION/LICENSURE			
Type of certification/organization	Registration number		Issuing date Expiration date

EMPLOYMENT HISTORY			
List the last 4 employment positions, beginning with the most recent			
Position title	Name/title of immediate supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary
Employer			Employer's telephone no.
Employer's mailing address			
Major responsibilities	Starting date	Leaving date	Reason for leaving
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

Position title	Name/title of immediate supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary
Employer			Employer's telephone no.
Employer's mailing address			
Major responsibilities	Starting date	Leaving date	Reason for leaving
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

Position title	Name/title of immediate supervisor	[] Full-time [] Part-time [] Summer [] Temporary	
Employer	Employer's telephone no.		
Employer's mailing address			
Major responsibilities	Starting date	Leaving date	Reason for leaving
May we contact? [] Yes [] No If no, please explain:			

Position title	Name/title of immediate supervisor	[] Full-time [] Part-time [] Summer [] Temporary	
Employer	Employer's telephone no.		
Employer's mailing address			
Major responsibilities	Starting date	Leaving date	Reason for leaving
May we contact? [] Yes [] No If no, please explain:			

CHRISTIAN BACKGROUND				
Name of church you attend regularly	Denomination	Are you a member? [] Yes [] No	Number of years attending:	
Church Address				
Pastor's name	Pastor's telephone number	Pastor's email	Age or date of conversion	
Christian service in a church or a Christian organization				
Date		Name of Church/Christian Organization	Type of Christian service	
From	To			
Overview of Christian perspective			YES	NO
Have you ever had the privilege of leading someone to Christ?				
Do you feel that you are able to lead students to faith in Jesus Christ? If no, please explain:				
Are you willing to work cooperatively with other evangelical Christians who may not have identical viewpoints but who have subscribed to the SCS Statement of Faith?				

SKILLS AND ABILITIES
List abilities, hobbies, job training skills you may have that have not been mentioned (languages, computer, music, coaching, Bible studies, civic/leadership organizations, drama, art, journalism, etc)

RELATIONSHIP TO SANTIAGO CHRISTIAN SCHOOL	
How did you hear about Santiago Christian School?	

REFERENCES (if not included in resume)		
Please send a reference form to each of these contacts.		
<i>Pastoral</i>		
Name	Church	Telephone no.
Mailing Address		
Email Address		Fax no.

<i>Professional</i>	
Name	Telephone no.
Relationship to this person (supervisor, colleague, etc.)	
Mailing Address	
Email Address	Fax no.

<i>Professional</i>	
Name	Telephone no.
Relationship to this person (supervisor, colleague, etc.)	
Mailing Address	
Email Address	Fax no.

<i>Professional</i>	
Name	Telephone no.
Relationship to this person (supervisor, colleague, etc.)	
Mailing Address	
Email Address	Fax no.

<i>Personal</i>	
Name	Telephone No.
Relationship to this person (friend, neighbor, church member, etc.)	
Mailing Address	
Email Address	Fax No.

Write a paragraph of 4-5 sentences succinctly stating your belief/position for each of the following items: (you may use a separate sheet of paper)
1. What is the most important thing a teacher does?
2. What is the role a teacher plays in establishing a positive learning atmosphere?
3. Describe assessment of academic achievement and how this is best done.
4. How would you describe yourself as a teacher?
5. How will the SCS students benefit from having you as a teacher?

I declare that my answers on this form and other supporting documents are true and that I have not knowingly withheld any information, which may, if disclosed, affect my application unfavorably. I understand that, if employed, any information on this application that is found to be misleading may be cause for dismissal. I further agree that, if employed, I will follow the policies and procedures established by the school administration and Board of Directors.

Applicant's signature

Date

ATTACHMENTS

Please attach the following along with your signed application (forms can be signed electronically):

- Signed Reference Release Authorization Form
- Signed General Health Assessment Form
- Signed SCS Code of Conduct Form
- Student Teaching Evaluation Documents (if applicable)

REFERENCES

Please send a copy of the SCS reference form to each of the references listed on the application. These forms can be returned directly to the School electronically or by fax (see below)

SUBMITTING APPLICATION AND SUPPORTING DOCUMENTS

Please submit your application and supporting documents electronically or by fax. Electronic signatures are acceptable. (Our mail service takes up to four weeks to arrive which can hinder the application process.)
 Fax: 809-570-6145 Email: employment@scs.edu.do

Revised 11/2014