



Application for Teaching Position: Music Teacher

(Please print)

Date: _____

Name: _____ Phone: _____

Address: _____
(NUMBER AND STREET) (CITY) (STATE/PROVINCE) (POSTAL CODE)

Email address: _____

Information you may provide if you wish (not required):

Birth Information (Date/Place): _____

Marital Status Information (Family): _____

Church (Denomination) Affiliation: _____

Social Security Number: _____

RECORD OF TRAINING

	NAME AND LOCATION (CITY, STATE/PROVINCE) OF SCHOOL FROM WHICH YOU GRADUATED	WAS THIS A CHRISTIAN SCHOOL?	HOW LONG DID YOU ATTEND?	DATE OF GRADUATION
Elementary School				
Secondary School				
College or University				

RECORD OF EXPERIENCE

NAME AND LOCATION OF SCHOOL(S) IN WHICH YOU HAVE TAUGHT (MOST RECENT FIRST) or OTHER PERTINENT EXPERIENCE	WAS THIS A CHRISTIAN SCHOOL?	GRADE(S) AND/OR SUBJECT(S) TAUGHT	NUMBER OF YEARS YOU TAUGHT THERE	DATES (YEARS) YOU TAUGHT THERE

REFERENCES

NAME	PHONE	EMAIL	OCCUPATION/ RELATIONSHIP TO YOU

Do you hold a valid teaching certificate? If so, who issued your certificate?

College Major(s): _____

College Minor(s): _____

State why you wish to teach in a Christian School:

Give a brief testimony of your faith.