

# WALLER CHRISTIAN ACADEMY APPLICATION

\_\_\_ Teacher

\_\_\_ Substitute

\_\_\_ Paraprofessional

P.O. BOX 1717, WALLER, TEXAS 77484  
office@wallerchristianacademy.com

936-372-0901 phone  
832-202-2322 fax

*Please print all information  
requested except signature*

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Road City State Zip

D.L. #: \_\_\_\_\_ State Issued: \_\_\_\_\_

## Educational and Professional Training

Name of College/University	Location City/State	Academic and/or Major	Number of Years Completed

Describe any special Courses/Training: \_\_\_\_\_

Special Certificates/Licenses held: \_\_\_\_\_

Please include copies of all transcripts/certificates with this application

What grade(s) and/or subject areas would you like to teach? \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ SALARY REQUIRED PER YEAR: \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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**EMPLOYMENT HISTORY:** Please list last three employers:

Name of Employer		Position	
Address	City	State	Zip
Supervisor Name	Phone #	Email	
Reason Left			

Name of Employer		Position	
Address	City	State	Zip
Supervisor Name	Phone #	Email	
Reason Left			

Name of Employer		Position	
Address	City	State	Zip
Supervisor Name	Phone #	Email	
Reason Left			

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REFERENCES: Please list three people who have been acquainted with your professional experience.

\_\_\_\_\_

Name

\_\_\_\_\_

Occupation

\_\_\_\_\_

Phone #

\_\_\_\_\_

Email

\_\_\_\_\_

Name

\_\_\_\_\_

Occupation

\_\_\_\_\_

Phone #

\_\_\_\_\_

Email

\_\_\_\_\_

Name

\_\_\_\_\_

Occupation

\_\_\_\_\_

Phone #

\_\_\_\_\_

Email

.....

SPIRITUAL INFORMATION:

\_\_\_\_\_ Active Member? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Church currently attending

\_\_\_\_\_ City \_\_\_\_\_ State & Zip

Address

Have you accepted Jesus Christ as your personal Lord and Savior? \_\_\_\_\_ YES \_\_\_\_\_ NO

Personal Statement of Faith/Testimony: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHRISTIAN SCHOOL INFORMATION:

Have you had other courses/training specific for a Christian School? \_\_\_\_\_ If yes, list name of course(s), dates, and where taken:

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What do you consider to be the distinctive characteristics of a Christian School? \_\_\_\_\_

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Please comment on the Lord's leading your life toward being in Christian education: \_\_\_\_\_

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Please describe your views of student discipline, as it would apply to a Christian School. Include any scripture references you would use in disciplining students.

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By signing below you are acknowledging that all the information above is accurate to the best of your knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

Waller Christian Academy selects qualified persons for employment without regard to race, age, gender, or national origin, but does, however reserve the right to use established selection criteria in support of its objectives. All applicants will also be required to fill out a background check form. No applications will be processed without a background check on file. All information submitted will be held in confidence.