

# Beaver County Christian School APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE/PROVINCE) (POSTAL CODE)

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

Birth information (Date, Place) \_\_\_\_\_

Marital status (Family) \_\_\_\_\_

Church/Denominational affiliation \_\_\_\_\_

## RECORD OF EDUCATION

	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				
	NAME AND LOCATION (CITY, STATE/PROVINCE) OF SCHOOLS YOU ATTENDED	HOW LONG DID YOU ATTEND?	DATE OF GRADUATION	DEGREE RECEIVED
College or University				

## RECORD OF EXPERIENCE

NAME AND LOCATION OF SCHOOL(S) IN WHICH YOU HAVE TAUGHT (MOST RECENT FIRST)	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 Number	Years known:
Pastor:		
Supervisor:		
Coworker		
Other:		

Do You Hold a Teaching Certificate? \_\_\_\_\_  
(DESCRIPTION)

Teaching Preference (Subject Matter, Field or Grade) \_\_\_\_\_

College Major(s) \_\_\_\_\_

College Minor(s) \_\_\_\_\_

Location Preference \_\_\_\_\_

Essay Question: **Why Do You Wish to Teach in a Christian School?**

**Please return/submit this application to the school office or email below:**

Merriman Campus (9-12th) • 510 37th Street, Beaver Falls, PA 15010 • Phone (724) 843 3002 • [bccs.mc@bccspa.org](mailto:bccs.mc@bccspa.org)

Carson Campus (K-8th) • 4001 6th Ave, Beaver Falls, PA 15010 • Phone (724) 843 8331 • [bccs.wp@bccspa.org](mailto:bccs.wp@bccspa.org)