

PARMA HEIGHTS CHRISTIAN ACADEMY
 8971 W. Ridgewood Drive, Parma Heights Ohio 44130
 440-845-8668 ~ Fax: 440-886-5748 ~ office@phcawarriors.com

TEACHER APPLICATION

Position for which you are applying: _____ Date: _____
 Earliest date you could begin work: _____

CONTACT INFORMATION		
Name:	Birth Date:	
Home Address (Street/City/State/Zip):		
Home Phone:	Cell Phone:	Email:

CERTIFICATE(S), AWARDS, TALENTS				
Certificate(s) now held:	Type:	State:	Expires:	Cert. #:
	Type:	State:	Expires:	Cert. #:
ACSI Teaching Certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What Level:		Date of Expiration:
Professional organizations in which you maintain an active membership:				
College or professional honors received:				
Special talents and abilities you have (singing, playing musical instruments, art, photography, sports, etc.):				
List student activities you have directed:				
Other than position for which you are applying, list other subjects you could teach (indicate grade levels, where applicable):				
Describe your background and use of technology:				

SPIRITUAL BACKGROUND				
Have you received Christ as your Lord and Savior?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	When?	
Do you regularly fellowship with a specific church?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, which one?	
Do you believe the Bible to be the inspired Word of God, our final authority in all matters, conduct and truth?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Define "Christian":				
Would you feel comfortable praying with your classes frequently at appropriate and effective times?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
On a separate sheet of paper, please include your personal philosophy of education.				

ACADEMIC BACKGROUND						
(Begin with most recent, include high school graduated.)						
Name of School/College	City / State / Zip	Dates Attended	Degree/Certificate Earned	Major	Minor	GPA
Are you currently pursuing a graduate degree program?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what degree are you pursuing?			

TEACHING EXPERIENCE (Begin with most recent.)			
Name of School	City / State	Dates Employed	Subject or Grade Level Taught
Student Teaching:			
Total years of full-time teaching experience:	Public:	Christian:	Other:

WORK EXPERIENCE (Other than teaching)			
Name of Employer	City / State / Zip	Dates Employed	Job Description

Reason for leaving last place of employment: _____

SPORTS and EXTRA-CURRICULAR ACTIVITIES			
Please indicate what areas you would be willing to coach/supervise:			
<input type="checkbox"/> Art Fair	<input type="checkbox"/> Speech Meet	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Girl's Soccer
<input type="checkbox"/> Math Olympics	<input type="checkbox"/> Student Council	<input type="checkbox"/> Junior Future Leaders	<input type="checkbox"/> Girl's Volleyball
<input type="checkbox"/> Science Club	<input type="checkbox"/> Invention Convention	<input type="checkbox"/> Junior Office Workers	<input type="checkbox"/> Girls' Sports-Specify:
<input type="checkbox"/> Spelling Bee	<input type="checkbox"/> Language Club	<input type="checkbox"/> Boy's Soccer	<input type="checkbox"/> Boys' Sports – Specify:
Other, please specify: _____			

MILITARY SERVICE			
Branch of Service	Dates of Duty	Rank at Discharge	Specialty

REFERENCES		
Submit four letters of reference: two professional, one non-academic (personal) and one from your pastor		
Full Name	Address / City / State / Zip	Phone

Have you ever been convicted of any crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give brief explanation:
A full background investigation is required from the appropriate agencies including, but not limited to, the Bureau of Criminal Investigation (BCI Report) and the Federal Bureau of Investigation (FBI).	
Mail, E-mail or bring this application along with a copy of your valid teaching certificate and your college transcripts to:	Parma Heights Christian Academy 8971 W. Ridgewood Drive Parma Heights, Ohio 44130 office@phcawarriors.com

We appreciate the time and interest you have given in making application to PHCA. Your application will be thoroughly reviewed and you will be contacted to schedule an interview for any vacancy for which you qualify. Applications are kept on file for one year. Please renew your application annually for consideration should an opening arise.

By signing this application, I hereby swear that all the information contained in this document is true to the best of my knowledge.	
Signature of Applicant	Date