

Medical Information

Date of last tetanus shot? _____ Allergies? _____

Reaction to allergies? _____

Doctor's Name

() _____
Doctor's Phone

Insurance Carrier

Policy Number

() _____
Insurance Phone

Emergency Contact Info

In case of an emergency please call:

Name	Phone	Relationship	Street Address	City	State

References

	Name	City	State	Area code and phone	Position
Church Leader					
Work Related					
Any					

Essay/Short Answer

What do you feel is your greatest strength/asset that will help you as a staff member?

What do you feel is your greatest area of weakness or an area you would like to improve?

Briefly describe how you might handle a situation in which you have a student that is being disrespectful or disobedient in class?

How do you believe one can be confident that they are going to heaven?

In a few sentences, please explain your views on the following cultural topics: marriage, gender identity, homosexuality, and LBGTQ issues.

Have you read the parent handbook and teacher handbook and agree to follow the guidelines set forth in each? Y N Signature _____

Have you ever been accused or convicted of a crime against children? Y N

Do you agree to provide additional information for a background check? Y N