St. Mary's Episcopal School 505 East Covell Road Edmond, Oklahoma 73034 405-341-9541/ fax: 405-285-4126



TEACHER APPLICATION

| Date of Application: | | | | | |
|---|--------------------|---------------------|------------|--------------------|-----|
| Name: | | | | | |
| Social Security No | | | | | |
| Address:Street | | City | Stata 0- | | |
| Home Phone: | Cell: | • | State & | - | |
| Religious Affiliation (optional): | | | | | |
| POSITION (Check areas of interest) | | | | | |
| | | 2nd Gr | anda | | |
| Preschool Program Prekindergarten Program | | 3rd Gr | | | |
| Kindergarten Kindergarten | | 4th Gra | | | |
| 1st Grade | | 5 th Gra | | | |
| Specialized Area | | | | | |
| Willing to Substitute | | | | | |
| EDUCATION | | | | | |
| Name of school or institution | Major | r(s)/Degree | | Date of Graduation | on |
| High School: | | | | | |
| WORK EXPERIENCE (Please | • | • | | | |
| Name of school or business | Location | Positio | | Date left | ==: |
| | | | | | |
| PERSONAL REFERENCES (| 2) | | | | |
| Name Po | ======== sition | | Work Phone | Home Pho | one |
| ====================================== | | | | | ==: |
| 2 | | | | | |

| | ONAL REFERENCES (2) | | |
|-----------------|--|-----------------------------------|--------------------------------|
| Name | Position | Work Phone | Home Phone |
| | | | |
| 2 | | | |
| TEACHER (| CERTIFICATION (Please att | ach copy of certificate and colle | ge transcript) |
| Teacher certif | fication (Number and state) | | |
| Number of ho | ours or credits in education cours | ses: | |
| • | he statements contained herein a at a background check will be o | - | o the best of my knowledge and |
| Signature of A | Applicant | date | |
| | PLEASE ANSV | WER EACH QUESTIONS BE | CLOW |
| May we conta | act your present employer? | yesnoN/A | |
| If so please ex | r been convicted of a crime (oth splain.)ill not necessarily disqualify you | | • |
| | zen of the United States? your immigration status permit yo | | rided. |
| Why did you | want to become a teacher? | | |
| | | | |
| | be yourself as a teacher of children what you consider to be the mos | | |
| | | | |
| | | | |
| | | | |
| List any profe | essional memberships, achievem | nents, and professional and perso | onal interests. |
| | | | |

| Why do you desire to leave your present position, or why did you leave your last position? (disregard if graduating this year) |
|---|
| Have you ever been involuntarily terminated from employment? yes no If yes please explain |
| What instructional approaches or techniques work best for you in teaching? |
| What are your sources of ideas? |
| How do you handle confrontation? |
| How do you build a rapport with your students and parents? |
| What about teaching is most rewarding to you? |
| After reviewing the job description, can you perform the essential job functions with or without accommodations? YesNo Would you be willing to demonstrate how you would do the essential job functions with or without reasonable accommodations? |
| YesNo Signature of Applicant date |