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# APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_  
 (Please update every 2 years)

Position applying for: \_\_\_\_\_

## GENERAL

Name of Applicant: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Someone who will always know how to contact you:

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

## PERSONAL

Applicant's Birthday: \_\_\_\_\_ Applicant's Birthplace & Country: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Re-Married

Spouse's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Country: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Occupation and/or Past Employment: \_\_\_\_\_

Children: (Check those children who will accompany you to Korea)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ PP#/Country: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ PP#/Country: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ PP#/Country: \_\_\_\_\_

## SPIRITUAL / RELIGIOUS

Church Denomination: \_\_\_\_\_ How many years have you been a Christian? \_\_\_\_\_

Present Church Membership: \_\_\_\_\_ Years of Membership: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Telephone: (\_\_\_\_) \_\_\_\_\_

Church's Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Recent church-related activities or participation: \_\_\_\_\_

### Statement of Faith

TCIS is looking for teachers who have committed their lives to Jesus Christ. I understand that TCIS is an evangelical Christian school and that all faculty of TCIS shall be baptized Christians who subscribe to the school's statement of faith (please see website). Signed \_\_\_\_\_.

**Please write out a personal faith statement in the space below.**

# PLEASE RETURN APPLICATION WITH TRANSCRIPTS AND TEACHING CERTIFICATES

## EDUCATIONAL

### Educational Experience (Chronologically, beginning with the most recent Attendance/Degree)

University or College Attended	Major(s)	Minor(s)	Degree(s)	Earned Date Completed
1. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PROFESSIONAL

### Teaching Experience (Chronologically, beginning with the most recent position)

School	Dates	Address	Subject(s)
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

### Teacher Certification

Areas Certified to Teach: \_\_\_\_\_

State/Province Certified & Certificate Number: \_\_\_\_\_ # \_\_\_\_\_

Period or Expiration of Teaching Certificate: \_\_\_\_\_

Other Pertinent Professional Experience: (Please attach resume with other professional experience)

## CO- / EXTRA-CURRICULAR

### Check experience and/or skills you have had outside of the classroom.

<input type="checkbox"/> Coaching (Sport(s) _____ )	<input type="checkbox"/> Forensics	<input type="checkbox"/> Praise Team
<input type="checkbox"/> Drama	<input type="checkbox"/> Journalism	<input type="checkbox"/> Bible Studies
<input type="checkbox"/> Music	<input type="checkbox"/> Scouting	<input type="checkbox"/> Model United Nations
<input type="checkbox"/> National Honor Society	<input type="checkbox"/> Academic Team	<input type="checkbox"/> Elementary Clubs

## HEALTH

-Do you have or have you had any health condition(s) that has caused your work or education to be interrupted for an extended period of time?  Yes  No

-Have you or do you smoke or use tobacco products?  Yes  No

-Have you used recreational drugs?  Yes  No

-Are you currently on any prescription medicine or under a doctor's care?  Yes  No

**If you have responded "Yes" for any of these health questions, please attach a page of explanation.**  
(You will be required to have a doctor's physical and complete a full health history upon employment decision.)

## REFERENCE

### List Two (2) Professional References and Two (2) Character References (Preference is given to a Non-relative and Home Church Pastor)

1. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____
2. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____
1. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____
2. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____

***To the best of my knowledge, the information I have provided in this application is correct.***

Signature \_\_\_\_\_ Date \_\_\_\_\_