

Beaver County Christian School APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Email Address: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____

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)	WAS IT A CHRISTIAN SCHOOL? Y/N	HOW LONG DID YOU ATTEND?	DATE OF GRADUATION?	DEGREE RECEIVED?
Elementary School					N/A
Secondary School					N/A
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? Y/N	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? _____

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