

# The Master's School

O F S A N M A R C O S

1664 Centerpoint Road  
San Marcos, Texas 78666  
512.392.4322  
www.mastersschool.org

## Employment Application for Aide or Substitute Teaching

The mission of The Master's School is to provide its students with a challenging educational experience designed to help them know, love, and practice that which is true, good, and excellent and to prepare them to live purposefully and intelligently in the service of God and man.

### Applicant Information

Title:  Dr.  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Name Used  
(Please print name exactly as it should appear on all permanent records)

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Rural Route

City State Zip Code

Applying for: (check all that apply)

Aide Position  Substitute Position  Full-time  Part-time  Other \_\_\_\_\_

Please list your any certifications: \_\_\_\_\_  
\_\_\_\_\_

### Personal Data

Are you a United States citizen?  Yes  No

What is your church affiliation? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

How did you hear about the position for which you are applying?

Newspaper  Internet  Friend  Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Master's School does not discriminate on the basis of race, color, and national or ethnic origin in the administration of its educational, financial aid, or employment policies, or any other programs administered by the school.

**Education**

High School	City	Diploma	Year
College/University	City	Degree/Major	Year
College/University	City	Degree/Major	Year
College/University	City	Degree/Major	Year

**Professional Experience**

List the four most recent full-time jobs beginning with your current position.

School or Business	City, State	Supervisor
Dates Employed		
Duties		
Reason for Leaving		

School or Business	City, State	Supervisor
Dates Employed		
Duties		
Reason for Leaving		

School or Business	City, State	Supervisor
Dates Employed		
Duties		
Reason for Leaving		

School or Business	City, State	Supervisor
Dates Employed		
Duties		
Reason for Leaving		

**Additional Information:**

Please describe your experience in supervising and/or teaching children. What ages?

---



---



---

Please summarize your job-related skills and qualifications.

---



---



---

Is there any other information that we should consider?

---



---



---

**References:** Do not list relatives.

1.	Name	Occupation	Address	Phone Number	Email
2.	Name	Occupation	Address	Phone Number	Email
3.	Name	Occupation	Address	Phone Number	Email
4.	Name	Occupation	Address	Phone Number	Email

**Please mail, fax, or email a reference form to each individual listed.**

### Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**The Master's School does not discriminate on the basis of race, color, and national or ethnic origin in the administration of its educational, financial aid, or employment policies, or any other programs administered by the school.**

### Statement of Faith

1. We believe that the Scriptures are the very Word of God in their entirety and, therefore, are our authority in matters of faith and practice.
2. We believe in one God, Creator of the universe, eternally existing in the persons of the Father, the Son, and the Holy Spirit, who created man in His own image.
3. We believe that when man disobeyed God, he fell from grace and brought sin into the world.
4. We believe that Jesus Christ was conceived by the Holy Spirit, born of the Virgin Mary, crucified for sin, and raised from the dead in eternal victory. He is undiminished deity and genuine humanity in one person.
5. We believe that the Holy Spirit is a personal Being who convicts the world of sin and who regenerates, indwells, empowers, guides and seals believers eternally for God.
6. We believe that the regeneration by the Holy Spirit is absolutely necessary for the salvation of lost sinners, and those who receive the Lord Jesus Christ by faith are born again into the family of God.
7. We believe that the family of God is the church, which is the body of believers of which Christ is the head.
8. We believe that Heaven is the abode of God and the place of eternal joy for the saved, and that Hell is the place of eternal punishment of separation from God for the lost.

**I have read and am in accordance with the above Statement of Faith of The Master's School of San Marcos.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# The Master's School

O F S A N M A R C O S

1664 Centerpoint Road  
San Marcos, Texas 78666  
512.392.4322  
www.mastersschool.org

## Reference Form

To Whom It May Concern:

The below named applicant has applied as an employee with The Master's School of San Marcos. We ask that you verify employment and complete this form at your earliest convenience and return it to our office. Thank you for taking the time needed to complete this reference form.

Thank you.

I release the above named employer and their agents and employees from liability or claims I may have which arise or result from any reference provided pursuant to this authorized disclosure.

Applicant Signature

Date

Printed Name

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

Date employment began: \_\_\_\_\_ ended: \_\_\_\_\_

Please evaluate the applicant:

Evaluation	Excellent	Good	Fair	Poor	Comments:
Job Knowledge					
Quality					
Attitude					
Dependability					
Punctuality					

Reason for leaving: \_\_\_\_\_

Would the applicant be eligible for rehire?:  Yes  No

If not, please explain: \_\_\_\_\_

Other Comments:

Signature

Date

Printed Name

Company Name

Phone (ext.)

Title

# The Master's School

O F S A N M A R C O S

1664 Centerpoint Road  
San Marcos, Texas 78666  
512.392.4322  
www.mastersschool.org

## Reference Form

To Whom It May Concern:

The below named applicant has applied as an employee with The Master's School of San Marcos. We ask that you verify employment and complete this form at your earliest convenience and return it to our office. Thank you for taking the time needed to complete this reference form.

Thank you.

I release the above named employer and their agents and employees from liability or claims I may have which arise or result from any reference provided pursuant to this authorized disclosure.

Applicant Signature

Date

Printed Name

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

Date employment began: \_\_\_\_\_ ended: \_\_\_\_\_

Please evaluate the applicant:

Evaluation	Excellent	Good	Fair	Poor	Comments:
Job Knowledge					
Quality					
Attitude					
Dependability					
Punctuality					

Reason for leaving: \_\_\_\_\_

Would the applicant be eligible for rehire?:  Yes  No

If not, please explain: \_\_\_\_\_

Other Comments:

Signature

Date

Printed Name

Company Name

Phone (ext.)

Title

# The Master's School

O F S A N M A R C O S

1664 Centerpoint Road  
San Marcos, Texas 78666  
512.392.4322  
www.mastersschool.org

## Reference Form

To Whom It May Concern:

The below named applicant has applied as an employee with The Master's School of San Marcos. We ask that you verify employment and complete this form at your earliest convenience and return it to our office. Thank you for taking the time needed to complete this reference form.

Thank you.

I release the above named employer and their agents and employees from liability or claims I may have which arise or result from any reference provided pursuant to this authorized disclosure.

Applicant Signature

Date

Printed Name

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

Date employment began: \_\_\_\_\_ ended: \_\_\_\_\_

Please evaluate the applicant:

Evaluation	Excellent	Good	Fair	Poor	Comments:
Job Knowledge					
Quality					
Attitude					
Dependability					
Punctuality					

Reason for leaving: \_\_\_\_\_

Would the applicant be eligible for rehire?:  Yes  No

If not, please explain: \_\_\_\_\_

Other Comments:

Signature

Date

Printed Name

Company Name

Phone (ext.)

Title

# The Master's School

O F S A N M A R C O S

1664 Centerpoint Road  
San Marcos, Texas 78666  
512.392.4322  
www.mastersschool.org

## Reference Form

To Whom It May Concern:

The below named applicant has applied as an employee with The Master's School of San Marcos. We ask that you verify employment and complete this form at your earliest convenience and return it to our office. Thank you for taking the time needed to complete this reference form.

Thank you.

I release the above named employer and their agents and employees from liability or claims I may have which arise or result from any reference provided pursuant to this authorized disclosure.

Applicant Signature

Date

Printed Name

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

Date employment began: \_\_\_\_\_ ended: \_\_\_\_\_

Please evaluate the applicant:

Evaluation	Excellent	Good	Fair	Poor	Comments:
Job Knowledge					
Quality					
Attitude					
Dependability					
Punctuality					

Reason for leaving: \_\_\_\_\_

Would the applicant be eligible for rehire?:  Yes  No

If not, please explain: \_\_\_\_\_

Other Comments:

Signature

Date

Printed Name

Company Name

Phone (ext.)

Title