

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 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)

Teaching Position Office Position Full-time Part-time Other _____

Please list your teaching 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

PLEASE INCLUDE A COPY OF YOUR TRANSCRIPT WITH YOUR APPLICATION.

List number of college course taken in the following:

History	Foreign Language	Physics
American History	French	Chemistry
European History	German	Biology
Math	Latin	Geology
English	Spanish	Ecology
Reading	Music	Sociology
Education	Art	Psychology
Political Science	Drama	Geography
Economics	Speech	Anthropology
Religion	Physical Education	

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:

If you are applying for a K-3rd position, please describe your training in reading and phonics.

Please summarize your job-related skills and qualifications.

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

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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

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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

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