

4729 Neta Lane Wichita Falls, TX 76309 (940) 687-1643 www.wichitachristian.com

Wichita Christian School is an equal opportunity employer. WCS does not discriminate on the basis of age, race, color, national origin, disability, or veteran status.

Certified Employee Application

Statement of Faith:

Dedicated supporters of Wichita Christian School believe that children of God are brothers and sisters within the Christian Family. They use their diverse backgrounds and talents to work together in unity toward the glorification of God. Members of the Christian family are those that have accepted Jesus as the Son of God and have entered a relationship with Him through obedience to the commandments and teachings of God's plan of salvation as outlined through His inspired word. As a result, it is the prayer of those dedicated supporters that the students of Wichita Christian School are brought to an understanding of their role within this Christian Family.

Have you read and agree with the statement of Faith of Wichita Christian School?

(If there are areas of disagreement with our beliefs, state which areas and extrate sheet of paper.)	
I give Wichita Christian School permission to make a thorough investigation verify all data given in my application for employment, related papers, and oblity any person giving or receiving any such information. I understand the other derogatory information discovered as a result of this investigation, may subject me to immediate dismissal.	oral interviews. I release from lia at falsification of data so given o
A 1' 2' '	- D .
Applicant's signature	Date

The mission of Wichita Christian School is to provide a quality education in a Christian environment that inspires hearts, minds, and souls for successful liv-



COPIES OF TRANSCRIPTS MUST ACCOMPANY APPLICATION FOR FILE TO BE COMPLETE Please complete in ink or typewritten form. All information will be held in confidence.

Personal Information

Last Name:			
First Name:			
City:	State:	Zip Code: _	
Telephone:	Social Security #: _		
Date of Birth:	Drivers License # _		
Email address:			
Spiritual Information			
Church Affiliation:		Member for l	now long?
How would you describe your	Church involvement?	Ve At Do	ttend regularly tend occasionally
Ministries you have been activ	ve in?		
Education			
Name of School	Degree or Diploma	Date	Honors or special recognitions
High School			
College/University			
Special Training:			

Complete Teaching Experience if Applicable:

1. School:	Address:		
Subject(s) taught:			
	Do you hold a valid teaching certificate?		
If so, what kind?		state it was issued	
2. School:	Address:		
Subject(s) taught:		Grade(s):	
3. School:	Address:		
Subject(s) taught:		Grade(s):	
All anniconts complete the I	Domaindon of the Applications		
Do you have any special traini	Remainder of the Application: ing or memberships to professional organiz	zations?	
	Wichita Christian School?		
Professional Reference:			
Name:	Address:		
Phone Number:	Position/ Title		
Spiritual Reference:			
Name:	Address:		
Phone Number:	Position/ Title		
Personal Reference:			
Name:	Address:		
	Position/ Title		

Questionnaire:

Te	<u>achers and Administrators Complete Below:</u>
	What other school activities would you be willing sponsor, coach, or assist if needed?
2.	What is your philosophy of Christian education? (use another sheet if necessary)
2	How would your teaching of subject matter, or administrative work if applicable in a Christian school differ from
3.	working in a non-Christian school?
4.	As a teacher, or administrator in a Christian School, how would you handle discipline with your pupils?
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5.	What is the role of a family in Christian education?
	achers Only Complete Below:
1.	What grades or subjects are you prepared to teach?
2.	How would you integrate technology into your classroom?



Service Name: Wichita Christian School

To schedule your ten-minute fingerprint appointment, simply visit https://uenroll.identogo.com and enter the following Service Code

11F26K

When prompted, please provide the following Contractor ID Number 26562

Criminal History Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

