



## Trinity Christian Preschool

Dear Preschool Teacher Applicant,

Your interest in Trinity Christian Preschool is appreciated. Enclosed you will find a teacher application along with the Statement of Purpose and Statement of Belief of Trinity Christian School. After reviewing these materials, if you agree with the beliefs and purpose of Trinity Christian School, we invite you to fill out the enclosed application and return it to the school at the address below. If it appears that you are qualified for an opening, a personal interview will be arranged. We are grateful for qualified teachers who know and love children and who, by the pattern of their lives, exemplify Christ.

Please return your application to Trinity Christian Preschool, Attn: Julie Paez  
901 Shorewood Drive, Shorewood, IL 60404.

Any questions may be directed to Mrs. Julie Paez at (815) 577-9310 ext. 31.

In His Service,  
Trinity Christian School Board

# Trinity Christian Preschool Teacher Application Form

## *PERSONAL DATA*

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle) (maiden)

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

## *CHURCH AFFILIATION*

Name of church you attend? \_\_\_\_\_  
(city / state)

Are you a member? \_\_\_\_\_

List areas of service to the church: \_\_\_\_\_

<b>Educational History</b>	<b>Name of School/College</b>	<b>Christian School?</b>	<b>City/State</b>	<b>Dates Attended</b>	<b>Degree Granted</b>
<b>Elementary School</b>					
<b>High School</b>					
<b>College/University</b>					
<b>College/University</b>					

## *WORK EXPERIENCE*

<b>Name of Employer</b>	<b>City/State</b>	<b>Dates Employed</b>	<b>Job Description</b>

*REFERENCES (please list two professional and two personal references)*

Name	Address	Phone	Relationship
1.			
2.			
3.			
4.			

Teaching Experiences (other than student teaching) \_\_\_\_\_

*PERSONAL FILE INFORMATION*

Your college Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

GPA in college \_\_\_\_\_

Teaching Certificate Granted: \_\_\_\_\_  
(date) (state) (area/grade level)

Distinctions, honors, awards (academic/extracurricular) \_\_\_\_\_

Professional organizations in which you hold membership \_\_\_\_\_

Specialized training/special abilities \_\_\_\_\_

Teaching preference (subject and grade level) \_\_\_\_\_

List extracurricular responsibilities which you have had or are willing to take on \_\_\_\_\_

What is your general physical condition? \_\_\_\_\_

