



BETHANY CHRISTIAN SCHOOL

Relief Teacher Application

Bethany Christian School is a teaching ministry of The Church at Bethany, a Pentecostal Church belonging to the Apostolic Church of Australia

Personal Information

Date:

Full Name: _____

Address: _____

Post Code: _____ Home Phone: _____ Mobile Phone: _____

Email: _____

Date of Birth: _____ Marital Status: _____

Christian Experience and beliefs:

Give a brief account of your Christian experience and conversion: _____

What is your local church affiliation: _____

Minister/Pastor's Name: _____ Phone: _____

Minister/Pastor's Address: _____

_____ Post Code: _____

Are you active in your Church? _____ In what capacities? _____

What are your views about the authority and historical accuracy of the Bible?

QUALIFICATIONS:

What degree or degrees do you hold?

DEGREE	NAME OF INSTITUTION	YEAR CONFERRED

What were your major fields of study?

What were your minor fields of study?

EXPERIENCE:

List all your teaching experience:

YEARS	SCHOOL	CLASS TAUGHT

Circle any of the following for which you have special training, experience or interest:

Singing

Art

Computers

Choir

Physical Education

School Newspaper

Indonesian

French

Piano

Science

Hand Crafts

Other Languages

Library

Special Education

Other musical instruments

Any other not listed? _____

TEACHING:

Do you have a S.A. Teacher's Registration Certificate? _____ Registration No. _____

What is/was your last/present teaching position? _____

When did you resign (or intend to resign)? _____

REFERENCES:

List below people who can testify as to your character or professional ability (include your Pastor/Minister, and if possible, a Principal or Supervisor under whom you have taught recently.) Please attach copies of at least one current character and one professional reference as indicated below.

CHARACTER REFERENCES:

NAME	ADDRESS	TELEPHONE

PROFESSIONAL REFERENCES:

NAME	ADDRESS	TELEPHONE

HEALTH

List details of pre-existing illnesses, complaints, conditions, injuries, etc.

If you have a pre-existing condition, provide details how this will affect you as you carry out your duties:

Have you ever made a Workers Compensation claim? YES/NO

If YES give details:

GENERAL

Are there any facts, limitations or problems of which we should be aware? YES/NO

If YES please specify:
