

MERCY SCHOOL INSTITUTE

3840 N. St. Clair Avenue | Suite 210 | Oklahoma City | OK 73112 | Tel (405) 946-3729 | Fax (405) 946-1227

TEACHER APPLICATION

PERSONAL DATA

Please Print Clearly

Current Date: _____ Date Available for Employment: _____

Name _____ Social Security Number _____

Current Address _____
Number Street City State Zip

Current Address Temporary Until _____ Current Telephone Number _____
Date (Area Code) Number

Permanent Home Address _____
Street Number City State Zip

Home Telephone _____ Email _____ @ _____

Person to be notified in case of an emergency _____ Tel. No. _____

Address _____
Street Number City State Zip

EMPLOYMENT PREFERENCE

Type of Application: a. Full Time b. Part-Time c. Either a or b

Kind of Employment: Check only areas for which you qualify and would accept employment.

____ Elementary Teacher: Grade level preference: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

____ Arabic Language Teacher ____ Quran Teacher ____ Islamic Studies Teacher ____ PE Teacher

____ Other _____

Certification Areas _____ Not Certified _____

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EDUCATIONAL PREPARATION			
Name and Address of School or Institution	Degree Received	Year of Completion	Major
High School			
Colleges/Universities			
Undergraduate Cumulative GPA _____		Graduate Cumulative GPA _____	

STUDENT TEACHING	
Student Teaching completed where _____	When _____
Subjects/Grade Levels _____	
Cooperating Teacher(s) or Supervisor(s) _____	
Mailing Address _____	Tel _____

POSITION RELATED WORK EXPERIENCE						
Please list below a complete chronological history of professional experience related to the position for which you are applying. Addresses for each entry must be complete. Include a supplementary sheet if space is inadequate.						
Dates		Name/Address of Employer	Assignment	Salary		Reason for Leaving
From	To			Start	Finish	

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OTHER EMPLOYMENT

List military service, if any, then account for employment other than that related to the position for which you are applying.

Dates	Name/Address of Employer	Assignment	Reason for Leaving

OTHER REFERENCES

List below any additional references

Name	Present Address/Telephone #	Position of reference when he/she knew of your work

I will instruct the college or university to forward my placement folder: Yes_____ No_____

If you are known to any reference by any other name, write your former name in the space below and underline the reference:

Have you ever been convicted of a felony? Yes_____ No_____ If yes, explain:

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ATTACHMENTS

On a separate sheet of paper, please respond to one of the following topics in your own handwriting. Responses should be limited to 250-500 words. Make sure that your writing reflects your educational philosophy.

1. Personal qualities I possess that will make me successful in the position for which I am applying.
2. My experiences that will enable me to be a successful employee in a multicultural, private elementary school.
3. Some methods I might use for good classroom management.
4. Some successful strategies for gaining parental involvement.
5. My perception of the principle, "All Children Can Learn."

NOTICES TO APPLICANT

Mercy School Institute does not discriminate in employment policies regarding selection, transfer, promotion, termination, compensation, or other benefits on the basis of race, creed, national origin, color, religion, age, disability, etc.

Mercy School Institute is an equal opportunity/affirmative action employer.

Mercy School Institute's tobacco-free work place policy.

The acceptance of an application is not a promise of employment.

Your application will remain active throughout the current school year.

Substitute teachers who have taught at Mercy School for 40 cumulative hours will be considered first for any teacher vacancy.

Teachers, upon notification of employment, will be asked to sign an agreement that they will abide by the Mercy School Dress Code and Conduct for Teachers and Staff.

THANK YOU

Thank you for your interest in employment with Mercy School Institute. We appreciate the time you have spent preparing this application.

IMPORTANT AUTHORIZATION AND CERTIFICATION

I authorize Mercy School Institute to contact the persons and organizations named by me on this application form or on any attachments to this application for the purpose of obtaining confidential references.

I certify that to the best of my knowledge the facts set forth in this application are accurate and complete, and I understand that intentional falsification or omission could be ground for dismissal.

Signature of Applicant _____ Date _____