



Gulf States Conference of Seventh-day Adventists®



Adventist Education

Teacher Application Form Instructions

1. Download this application form
2. Save the form to your computer
3. Open this saved form in an Adobe program
4. Fill out the form in the saved form you opened
5. Once finished save the file and email it to kabbott@gscsda.org

NOTE: For best viewing experience we recommend using the latest version of Adobe Acrobat. To download Adobe Reader, please go to this link: <https://get.adobe.com/reader/>. Chrome users must also enable PDF Viewer at <chrome://settings/content>.

If you have any questions please contact Kelsey Abbott:

email - kabbott@gscsda.org

call - 334-272-7493 x105

**GULF STATES CONFERENCE OF
SEVENTH-DAY ADVENTISTS**

EDUCATION EMPLOYMENT APPLICATION

The Gulf States Conference of Seventh-day Adventists is an equal opportunity employer as required by law with respect to religious institutions and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, marital status, physical or mental disability, or other protected categories under federal and state laws, regulations, and local ordinances. The employment practices of the Conference reflect religious preferences permitted by the United States Constitution and controlling law. The Conference hires Seventh-day Adventist church members in good standing.

Please complete all questions on this Education Employment Application. Please supplement this application with resume or curriculum vitae, but all questions on this form must be answered to be considered for employment at one of our schools.

PLEASE RETURN by email to Education Department: kabbott@gcsda.org

General	Last Name: _____ First: _____ Middle Initial _____					
	Address _____					
	Have you ever used any other name(s) for work, school, or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list name(s) and dates/locations used and circumstances. _____ _____					
	E-Mail: _____ Telephone : (_____) _____					
Prior Employment	Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Please indicate all languages (including English) that you speak, read and write proficiently:					
		Speaking	Reading	Writing	Comments:	
	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Education	Are you a member of the Seventh-day Adventist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long? _____					
	Local SDA church of which you are a member _____					
	Have you previously applied with or been employed by the Gulf States Conference? Yes No					
	If yes, list positions _____					
	Dates of Employment: _____					
Certification	Reason for Leaving: <input type="checkbox"/> resigned with notice <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> voluntary transfer <input type="checkbox"/> Terminated <input type="checkbox"/> position eliminated					
	<input type="checkbox"/> Other: _____					
	List the high schools, colleges, and universities you have attended.					
	Institution Attended	Major Field	Minor Field	No. of Years Completed	Did You Graduate	Date
	_____	_____	_____	_____	_____	_____

Provide complete information on all teaching positions (full time, part-time and temporary), for the past **10 years or your 5 most recent employers**, whichever is greater. Please explain all periods of unemployment. Use additional sheets if necessary to provide complete information.

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe grade/subjects/number of pupils taught						
Reason for Leaving <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Terminated <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe grade/subjects/number of pupils taught:						
Reason for Leaving <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Terminated <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe grade/subjects/number of pupils taught:						
Reason for Leaving <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Terminated <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe grade/subjects/number of pupils taught:						
Reason for Leaving <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Terminated <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe grade/subjects/number of pupils taught:						
Reason for Leaving <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Terminated <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Have you ever been terminated, dismissed or counseled to resign by any organization, whether or not listed above?

Yes No If yes, please provide organization, dates and circumstances: _____

(use additional sheets if necessary)

Please list any special training or experience which you believe will contribute to your success as a teacher:

If you are not currently teaching, please explain why you ceased doing so:

Criminal History Information

There is no time limit to the questions regarding criminal history. Provide information on **ALL** convictions, pleas and alternative sentencing or disposition programs that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed, except where non-disclosure is required under state law.

You should disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified (except where prohibited by state law). Give the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.

Have you **EVER** pled guilty to any criminal offense (misdemeanor or felony)?

Yes No

Have you **EVER** pled *nolo contendere* (no contest) to any criminal offense (misdemeanor or felony)?

Yes No

Have you **EVER** been convicted of any criminal offense (misdemeanor or felony)?

Yes No

If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), locations(s) (city/county and state) and disposition:

(use additional sheets if necessary)

Have you **EVER** served or participated in any form of alternative sentencing or disposition program (for example, probation, pretrial diversion, or deferred adjudication) for any criminal offense?

Yes No

If you answered yes, please disclose any form of alternative sentencing or disposition program location (city/state), dates, criminal offense and outcome:

(use additional sheets if necessary)

Conviction of a crime will not be considered an automatic bar to employment with the Conference.

Verification

I verify that this Educational Employment Application form has been completed by me and that the information on this form and all materials submitted to the Gulf States Conference are true, correct, and complete. I understand that false, misleading, incomplete or omitted information on this form or materials submitted to the Conference or during the call process will result in rejection or dismissal, if hired.

I understand that this form does not constitute a call from the Conference. I understand that if I am called to the Conference, I will be required to complete a Federal I-9 form and complete documentation verifying my authorization to work in the United States.

I authorize all persons and organizations, including by not limited to my prior and current employers and references, to provide the Conference and its agents with complete information they may have concerning my character, employment record, job performance, conduct, and suitability for employment with the Conference. I release the Conference, my present and prior employer(s), references, and any other organizations and persons from any liability which, at any time, may result from obtaining or providing information about me to the Conference.

I understand that any call to the Conference is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and professional references as well as any criminal or other background check.

If called to the Conference, I will comply with all policies, rules, codes and procedures which apply to my teaching position.

Signature

Date