Crown Point Christian School





Date							
	Pei	sonal Info	ormation				
Name					Cell Phone		
Address	Ema	Email					
City			State Zip				
	1	Educat					
School or Institution Name & Address	Years Attended		Degree (Hour and course of study)		lajor	Minor	
Please include all work experiesponsibilities.			xperience and attach		hich lists	your roles and	
Employer Name and Address	Supervisor Name	Job T	itle	Dates Employed		Reason for leaving	
		ssional C	ertification				
Kind / Type of Certificat	e Lic	ensed in w	hat state	\ \	Valid for what type of teaching?		
If you do not hold a valid India the next two years?	na certificate or licen	se would y	ou be willir	ng to do wha	tever nec	cessary to secure one i	
Yes	No						
List order of Preference Grade level of teaching / subje	ect area 1		2		3.		

References						
Name		Address		City, State, Zip		
Phone		Email		Known how long?	In what capacity?	
Name		Address		City, State, Zip		
Phone Email			Known how long?	In what capacity?		
Name		Address		City, State, Zip		
Phone		Email		Known how long?	In what capacity?	
Name		Address		City, State, Zip		
Phone		Email		Known how	In what capacity?	
		Ger	neral	long?		
General state o			Days absent due t	•		
Are there any physical limitations or health matters that might limit your work effectiveness and/or your work ability?						
Crown Point Ch for this check?	ristian School Board Po			round check. Do	you give permission	
Applications ar emailed to: mailed to:	nd resumes can be recruiting@crownpoin Crown Point Christian 10550 Park Place St. John, IN 46373	_				
II certify that the	e information provided	in this application is	accurate and true.	Date		

Spiritual Life Information
Are you an active member of a church? Church Name
Please describe your personal relationship with Jesus Christ.
Describe opportunities you have had to share your faith or opportunities you've had to encourage or build up fellow
Christians.
Educational Experiences
List any educational experiences or opportunities you have had such as travel, seminars attended, Christian
training, etc.
List any special activities, training or interests you have in the following areas:
(Art, music, athletics, drama, school publications, organization of activities such as chapel, banquets or clubs)
List your hobbies:
Personal and Professional Development
Why would you hope to teach in a Christian school?
How would you integrate your faith in curriculum and classroom management?
How would you integrate your faith in cumculum and classroom management?
Please explain your philosophy of authority, order, and discipline in the classroom.

In your philosophy of learning, how would you evaluate the place of the following:
Rote memory learning:
Individualized instruction:
Learning through lectures, textbooks, and written assignments:
Learning through projects, experiments, and discovery:
Learning centers:
Use of technology in instruction:
What do you perceive to be your strengths? Your weaknesses?