



# CISTERCIAN PREPARATORY SCHOOL

3660 CISTERCIAN ROAD  
IRVING, TEXAS 75039  
469-499-5400

## Application for Faculty Position

Date: \_\_\_\_\_ Teaching Fields: \_\_\_\_\_

\_\_\_\_\_  
Last Name First MI Name Preferred

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Office Phone E-Mail

\_\_\_\_\_  
Marital Status Spouse's Name/Occupation # of Dependent Children

\_\_\_\_\_  
Religion Place of Birth

\_\_\_\_\_  
Hobbies, Areas of Interest

U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been charged with a misdemeanor or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain on a separate sheet.

Is there any reason, including those related to physical or mental health, that might keep you from effectively working with children or that might cause a child potential harm? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Educational Background** (Please complete or submit resume.)

\_\_\_\_\_  
High School City Diploma Year

\_\_\_\_\_  
College/University City Degree/Major Year

\_\_\_\_\_  
College/University City Degree/Major Year

\_\_\_\_\_  
College/University City Degree/Major Year

\_\_\_\_\_  
Honors, Awards, Grants

\_\_\_\_\_  
Further Studies/Professional Development

\_\_\_\_\_  
Teacher Certification State Level Subject(s) Date

*Cistercian Preparatory School makes employment decisions without regard to race, color, creed, age, national or ethnic origin, disability or veteran status.*

**Teaching Experience** (Please complete or submit resume.)

1.	Name of School	Address	City/State/Zip
	Supervisor		Telephone No.
	Subject Taught		Date Employed
2.	Name of School	Address	City/State/Zip
	Supervisor		Telephone No.
	Subject Taught		Date Employed
3.	Name of School	Address	City/State/Zip
	Supervisor		Telephone No.
	Subject Taught		Date Employed

**Other Employment Experience** (Please complete or submit resume.)

Employer #1	Address	City/State/Zip
Supervisor		Telephone No.
Work Performed		Date Employed
Employer #2	Address	City/State/Zip
Supervisor		Telephone No.
Work Performed		Date Employed
Employer #3	Address	City/State/Zip
Supervisor		Telephone No.
Work Performed		Date Employed

**Personal References** (Please complete or submit resume.)

1. \_\_\_\_\_  
Name Occupation Telephone No.  
\_\_\_\_\_  
Address City State/Zip

2. \_\_\_\_\_  
Name Occupation Telephone No.  
\_\_\_\_\_  
Address City State/Zip

3. \_\_\_\_\_  
Name Occupation Telephone No.  
\_\_\_\_\_  
Address City State/Zip

**Personal Statement**

On the back of this application, please compose a brief statement in which you explain how you would contribute to the education of boys at Cistercian.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record and history. I release all such persons from any liability or damages on account of having furnished or requested such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date