<b>TEACHER APPLICATION for:</b> (check one)					
Full-Time Teacher	Substitute Teacher				
*Please attach any additional pages space. Please attach any requested	for questions that require more transcripts and certifications.				



Applicant's Name:						
Address:						
City	State		_ Zip			
Home Phone:		:				
Cell Phone:	_ E-Mail:					
What Church do you attend?						
Pastor:	<del></del>					
Church Address			State	Zip_		
Church Phone Number How long have you attended Please share when Jesus became your Lord & Savior/Relationship today *(please use an additional page)						
Do you hold a valid teaching certificat	ion?	In what	state? _		<del> </del>	
Interest in the following areas/schools Availability: M T W R F (Please circle days you				MS	HS	

## **EDUCATION**

Level of Education	Name of Institution	Year of Graduation	Major/Key Area(s) of Study
High School			
College(s)			
Post-graduate			
Teaching Certifications:			
Other:			

## TEACHING and EMPLOYMENT EXPERIENCE (including present employer)

LOCATION	GRADE/SUBJECT(S)/DUTIES		DATES/REASON FOR LEAVING				
Community/Church Service/Professional Organizations (please include dates of service & involvement):							
PLEASE LIST AT LEAST ONE PASTORAL, ONE PROFESSIONAL and TWO PERSONAL REFERENCES WITH PHONE NUMBERS: *Please Note: As part of the screening process of all potential employees of The Charles Finney School, applicants may be subject to a background and reference check.							
Name			Phone Number				
Please EMAIL or MAIL completed a	applications to to:						
Attention: Administrative Assistant to the President Email: employment@finneyschool.org Mail: The Charles Finney School, 2070 Five Mile Line Road, Penfield, NY 14526							

\*The Charles Finney School does not discriminate on the basis of race, color, or ethnic origin in the hiring of its personnel.