

Application for Teachers in the WUMC Fine Arts Academy

All teachers must complete this application for any position involving the supervision of others. It is being used to help the church provide a safe and secure environment for those children, youth, or adults who participate in our programs and use our facilities. These questions are necessary to fully vet anyone in authority over others in the church.

GENERAL INFORMATION

Date _____

Name _____ SS# _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell _____
Date of Birth _____

Applying to teach: _____
Requested compensation per lesson/class _____ (i.e. \$20 per ½ hour lesson)
Desired time to teach _____ Room size needed _____
When are you able to start teaching? _____

BACKGROUND INFORMATION

Tell us about your spiritual journey to date: _____

I have chosen to work with children/youth/adults at WUMC because... _____

EDUCATION

Please list degrees and certificates, pertinent to what you will teach in our academy, that you have received including the year received.

List any special interest or club activities or organizations _____

REFERENCES

List 3 adults you've known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with children and/or adults.

1.

Name _____
Occupation _____
Address _____
Home phone _____

Nature of association _____
Length of time known _____
City, State, zip _____
Work phone _____

2.
Name _____
Occupation _____
Address _____
Home phone _____

Nature of association _____
Length of time known _____
City, State, zip _____
Work phone _____

3.
Name _____
Occupation _____
Address _____
Home phone _____

Nature of association _____
Length of time known _____
City, State, zip _____
Work phone _____

PREVIOUS ADDRESS

If you have lived at your current address for less than seven year, provide information on all addresses during that period.

Address _____ City _____ State _____ Zip _____
Dates _____ to _____
Address _____ City _____ State _____ Zip _____
Dates _____ to _____

EMPLOYMENT HISTORY

Present Employer _____ Supervisor _____
Address _____ City/State/Zip _____
Position(s) held _____ Full-Time _____ Part-Time _____
Employment Dates: Starting _____ Ending _____

If you have been employed at this position for less than 2 years, provide information on each job during that period.

Present Employer _____ Supervisor _____
Address _____ City/State/Zip _____
Position(s) held _____ Full-Time _____ Part-Time _____
Employment Dates: Starting _____ Ending _____

PERSONAL SITUATIONS

Are you ___ single ___ Married ___ Widowed ___ Divorced

Do you have children of your own? ___ Yes ___ No

Have you ever been arrested, convicted or pleaded guilty to a crime? ___ Yes ___ No If yes, explain.

Have you ever been accused, charged, or alleged to have, or have your ever committed any act of neglecting, abusing or molesting any child? ___ Yes ___ No If yes, explain in detail, providing date and place of incident. _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above?

Yes No If yes, explain. _____

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Westlake United Methodist Church? Yes No if Yes, explain. _____

Are you a participating member of WUMC? Yes No

If no, name of church of which you are a member: _____

List (name and address) of other churches you have attended regularly during the past five years: _____

If I am considered for employment with Westlake UMC Fine Arts Academy:

I authorize investigation of all statements contained in this application. I agree to a Criminal Background check through TDFPS. I understand that misrepresentation or omission of facts called for is cause for my immediate dismissal. I understand and agree my employment is for no definite period and regardless of the date of payment of my wages, may be terminated at any time without any previous notice.

I have read this completed form and certify that it is true and correct.

Signature _____ Date _____

Driver's License Number and State _____