

Application to Teach @
RENTON CHRISTIAN SCHOOL
15717 152ND Avenue SE, Renton, WA 98058

Date _____

Position Desired _____

Name _____ Phone _____

Address _____

City

State

Zip

Social Security Number _____

Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Widow(er) ____

Children & Ages _____

List grade levels you prefer to teach in order of preference): _____

How did you find out about this open position? _____

Describe your general state of health _____

Have you had any recent illness that might hinder or limit your ability to teach? _____ If yes, please explain _____

Do you have any physical defects that might hinder or limit your teaching efficiency? _____

Have you ever been charged or convicted of a crime? _____ If yes, please explain: _____

Circle any of the following for which you have special training, experience or interest:

**ART, ATHLETICS, MUSIC, NATURE STUDY, SCIENCE, SCHOOL NEWSPAPER, YEARBOOK,
COMPUTERS, WEBSITE MAINTENANCE**

EDUCATIONAL BACKGROUND

College – list in order of attendance	Location	Dates of from	Attendance until	Credits	Degree (Major/Minor)

PROFESSIONAL CERTIFICATION (List teaching, administrative and special certificates held)

Type of Certificate	Date Issued	Expiration Date	State

PROFESSIONAL EDUCATOR EXPERIENCE (in chronological order, including student teaching)

Location	Position/Grade	Dates	Phone#

CHRISTIAN EXPERIENCE

What church do you attend regularly? _____

Are you active in your church? _____ In what capacity? _____

How do you define the term “Christian?” _____

Why do you seek a position at Renton Christian School? _____

What do you believe is the function of the Christian school? _____

What are your beliefs concerning the use of alcohol and tobacco? _____

Give a brief account of your Christian experience: _____

PROFESSIONAL REFERENCES: (List three persons who have personal knowledge of your capabilities, scholarship and educational fitness. Include superintendents, principals and/or supervisors of the three most recent positions)

Name	Address	City, State, Zip Code	Phone

PASTORAL REFERENCE

List below a member of the clergy who can testify to your personal and Christian character.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

STATEMENT OF FAITH

This is the statement of faith for RCS. If it is the statement of your basic Christian convictions also, please indicate this by your signature. If at any point you disagree, please state your viewpoint.

1. We believe the Bible is the inspired and only infallible and authoritative Word of God.
2. We believe there is one God, eternally existing in three Persons: God the Father, God the Son, and God the Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in his sinless life, in His miracles, in His vicarious and atoning death, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal future return to this earth in power and glory to rule over the nations.
4. We believe man was created good and upright, but man voluntarily sinned and, therefore incurred both physical and spiritual death, which is separation from God.
5. We believe the only means of our being cleansed from sin is through repentance and through faith in the precious blood of Christ. Regeneration by the Holy Spirit is absolutely essential for personal salvation.
7. We believe the Scriptures teach a life of holiness. Sanctification is a separation from that which is evil and dedication unto God. We believe all believers should earnestly pursue sanctification by walking in obedience to God's Word. We further believe that the Christian is able to live a Godly life by the indwelling of the Holy Spirit.

Signed _____

