



The Buckner Fanning Christian School at Mission Springs
975 Mission Springs Dr.
San Antonio, TX 78258
(210) 402-6905 * (210) 495-0688 FAX

Applicant's Name _____

- 1. Please complete this application in full.**
- 2. An interview will be scheduled with qualified applicants as vacancies occur.**
- 3. Attach copies of the most current and complete teacher certificate or transcript/resume.**

I understand that all information submitted with the application becomes the property of Buckner Fanning Christian School at Mission Springs. I understand and agree to the following: any and all information that I supply on the teacher application or resume will be verified by a designated company and by mutual associations to insure that the information that I provide is accurate in every way, discussions with references provided will be confidential and not disclosed to applicant, and a thorough inquiry into all areas deemed necessary to arrive at a hiring decision will be conducted by the School and/or its agents or representatives.

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give any and all information concerning previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.”

Applicant's signature _____
Date

TO BE FILLED OUT BY SCHOOL:

Date of Interview _____ **Date of Follow-up Interview** _____

***This application will be kept on file for one year. If applicant wishes to keep the application active longer, contact the school office at 210-402-6905.**



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San Antonio, TX 78258*

Teacher Application

Your interest in Buckner Fanning Christian School at Mission Springs is appreciated. Please fill out the following information and return it to the school office as soon as possible.

Name _____ Date _____
Address _____
City/St. _____ Zip _____
Phone _____ Soc. Sec. # _____

Position applying for:

1st choice _____
2nd choice _____
3rd choice _____

Teaching Credentials and/or Certificates:

Do you have a valid teaching certificate? _____ State? _____
Do you have a teaching certificate that is no longer valid? _____
If so, what kind? _____

Professional Qualifications:

List the educational institutions attended beyond high school.

Name of Institution	Dates of Attendance	Degree Earned

Major field of study? _____ Minor? _____

Experience:

List all of your teaching experience in order of the most recent.

Place	Grade/Grades	Date(s)

Total full-time public school teaching experience: _____

Total full-time private school teaching experience: _____

References:

List below professional references that can testify as to your teaching ability and Christian character. Make sure to include your most recent employer!

Name **Address/Zip/Daytime Phone #** **Professional Relationship**

Have you ever been arrested or convicted for any criminal act, misdemeanor, or felony?
If so, explain. _____

DL # _____ State _____

Have you ever been dismissed or fired from any position? If so, explain. _____

Do you have any physical limitations that preclude you from performing any work as
addressed in the job description attached? Yes _____ No _____

If yes, what can be done to accommodate your limitation(s)? _____

List any other work experience you have had:

Employer: _____ Phone: _____ Dates: _____

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What were your major duties in your last teaching position? _____

List any other educational advantage you have had, including travel. _____

Activities that you have guided or assisted. _____

Interests or hobbies. _____

The school allows ten days of personal/sick leave yearly. Any days past 10 will result in a daily reduction of pay and on the 15th day employee will be placed on probationary status with a review by the Head of School and/or The School Board of Trustees. Please sign if you would have NO difficulty in meeting these attendance expectations.

Signature _____ **Date** _____

Christian Background:

1. How long have you been a Christian? _____
2. Give your definition of a Christian and a brief account of your present relationship with Christ.

3. What is your local church affiliation? _____

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

5. What is your view of how Christianity and Science work together to address the issue of the origin of the universe? _____

6. In what ways have you recognized that the Lord is leading you into a Christian education ministry? _____

7. How do you feel about and how would you incorporate basic Biblical principles into your daily curriculum and classroom? _____

8. In addition to academic and biblical knowledge, how important is it to you for your students to have a heartfelt, personal relationship with Jesus Christ.
