



The Gloria S. Friend Christian Academy

“God Has Great Plans For You!”

428 East Main Street • Columbus, OH 43215 • (614) 221-1518 • (614) 221-8470 FAX

Email: excellence@gsfchristianacademy.org • Website: www.gsfchristianacademy.org

GSFCA EMPLOYMENT APPLICATION

(Please type in boxes provided – handwritten applications will not be accepted.)

A. Applicant Profile

A.1 Name & Contact Info

First Name	Middle Initial	Last Name

Current Street Address	City	State	Zip

Previous Street Address	City	State	Zip

Home Phone (area) 111-1111	Cell Phone (area) 111-1111	Email Address

A.2 Please read and answer the questions below. Place an “X” to answer yes or no questions.

Are you at least 18 years old?	YES		NO	
Will you require sponsorship at any time to work in the United States? <i>Proof of citizenship or immigration status will be required upon employment</i>	YES		NO	
Have you ever plead “guilty” or “no contest” to, or been convicted of, a crime other than a minor traffic violation? <i>If yes, please attach a letter of explanation providing the details of what, when, and where.</i>	YES		NO	
Are you related to any staff member of GSFCA or MOBC?	YES		NO	
If so, whom:		Relationship:		
Are you a former staff member of GSFCA or MOBC?	YES		NO	
If so enter the dates: From		To		



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B. Educational Background and Training

Complete a section for each institution in which a program was completed beginning with the highest degree earned. (Note: An official transcript will be later required for all college experiences.)

B.1.

College/University Attended	From (MM/YY)	To (MM/YY)
College / University Address	City, State Zip	Phone
Major Areas of Studies	Minor (if any)	Diploma's/Certificates

B.2.

College/University Attended	From (MM/YY)	To (MM/YY)
College / University Address	City, State Zip	Phone
Major Areas of Studies	Minor (if any)	Diploma's/Certificates

B.3.

College/University Attended	From (MM/YY)	To (MM/YY)
College / University Address	City, State Zip	Phone
Major Areas of Studies	Minor (if any)	Diploma's/Certificates

B.4.

College/University Attended	From (MM/YY)	To (MM/YY)
College / University Address	City, State Zip	Phone
Major Areas of Studies	Minor (if any)	Diploma's/Certificates



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C. Professional Experience/Employment History

Complete this section listing full and /or part-time employment beginning with your most recent employer.

C.1. Place an X to choose one: Please feel free to contact this employer. Please do not contact this employer

Employer or School District and School	From (MM/YY)	To (MM/YY)
School Address	City, State Zip	Phone
Position Held	Annual Salary	Supervisor
In the box below list the responsibilities of this position		
In the box below list your reason for leaving this position		

C.2. Place an X to choose one: Please feel free to contact this employer. Please do not contact this employer

Employer or School District and School	From (MM/YY)	To (MM/YY)
School Address	City, State Zip	Phone
Position Held	Annual Salary	Supervisor
In the box below list the responsibilities of this position		
In the box below list your reason for leaving this position		



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C.3. Place an X to choose one: **Please feel free to contact this employer.** **Please do not contact this employer**

Employer or School District and School	From (MM/YY)	To (MM/YY)
School Address	City, State Zip	Phone
Position Held	Annual Salary	Supervisor
In the box below list the responsibilities of this position		
In the box below list your reason for leaving this position		

C.4. Place an X to choose one: **Please feel free to contact this employer.** **Please do not contact this employer**

Employer or School District and School	From (MM/YY)	To (MM/YY)
School Address	City, State Zip	Phone
Position Held	Annual Salary	Supervisor
In the box below list the responsibilities of this position		
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C.5. Curriculum Use

In the box below, briefly outline any volunteer experiences within the last three years.

C.6. Volunteer Services

In the box below, briefly outline any volunteer experiences within the last three years.

C.7. Classroom Technology Use

In the box below, list any technology materials that you have used or that you are familiar with that will be beneficial in the classroom setting.



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C.8. – C.10. Please list all current certifications.

C.8.

Certification Title		Subjects (if applicable)	
State	Grade Levels	Date issued	Expiration Date

C.9.

Certification Title		Subjects (if applicable)	
State	Grade Levels	State	Grade Levels

C.10.

Certification Title		Subjects (if applicable)	
State	Grade Levels	State	Grade Levels

C11. Licensure Information (Complete only if you have a current Ohio Educator License)

D.O.B. (mm/dd/yyyy)	Credential # Or State Licensure ID#	OR Last 4 Digits of Social Sec #



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D. Spiritual Background & Church Affiliation Information

Complete the following information about your church affiliation and spiritual growth.

D.1. Testimony. Place an "X" to choose an answer below.

Have You accepted Christ As your Lord and Savior?	YES:		NO:	
In the box below, write a brief summary of your testimony in how you've come to know Christ, and your walk with Him today.				



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D.2 Local Church Contact Information

Church Name		Senior Pastor	
Church Address	City, State Zip	Church Phone	Years of Membership

D.3. Ministry Involvement

In the box below, list positions of ministry and responsibilities (if any).



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E. Professional Narrative

In the box below, clearly explain why you have applied for this position. In your response be sure to enumerate the special skills you bring to the position and describe what makes teaching in a Christian school attractive to you. Feel free to cite specific personal experiences as examples.



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F. References

List the names of those whom you would like to complete the three (3) references (Pastoral, Professional, and Character) on your behalf. The school will contact these individuals and a reference form will be sent to them directly. Once completed, the forms will be sent from the evaluator back to the school.

(Note: Please contact these individuals in advance so they will have knowledge of their role in this application process).

F.1. Pastoral Reference (Pastor or Pastoral designee of your local church)

Pastor's or Pastoral designee's Name (including title)		
Mailing address	City, State	Zip
Email Address	Phone 1	Phone 2
In the space below list the best time to call and added notes		

F.2. Professional Reference (Former Supervisor)

Supervisor's Name Job /Title		
Mailing address	Mailing address	
Email Address	Phone 1	Phone 2
In the space below list the best time to call and added notes		



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F.3. Character Reference (Co-worker, ministry leader, former supervisor)

Evaluator's Name Job /Title		
Mailing address	Mailing address	
Email Address	Phone 1	Phone 2
In the space below list the best time to call and added notes		



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G. Signature Page

Please submit this application via-email to "excellence@gsfchristianacademy.org". Copies of all transcripts and certifications will be required during the interview process. All Employees must complete an FBI/BCI background checks. Employment is contingent upon the results of the background checks and licensure application process.

I _____ have completed all sections of this application with
(Type Full Name)

true and factual statements. I give permission to GSFCA to contact the listed previous employers and references listed on my application and resume to attain a reference or information that pertains to employment.

Applicant's Signature

Date

The Gloria S. Friend Christian Academy is committed to providing equal opportunity to all qualified applicants regardless of age, race, color, sex, national origin, disability or any other characteristic as required by state and federal laws and as applicable to churches and faith based schools. The Gloria S. Friend Christian Academy does discriminate on the basis of religion. All staff members must be born-again Christians.