



SUBSTITUTE APPLICATION

Personal Information

Name:	Social Security #:	
Address:		
Phone #:	Email:	
Parent's names:		
Age:	Birthday:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/>	If married, name of spouse:

Personal Commitment

Which church are you attending?	Are you a member at your church? No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you accepted Christ? No <input type="checkbox"/> Yes <input type="checkbox"/>	if yes, when?
Baptized? No <input type="checkbox"/> Yes <input type="checkbox"/>	if yes, when?

Talents/Experience

What languages do you speak?
What level of education have you completed?
How many years of teaching experience do you have?
What grades did you teach?
Where have you taught?

Medical conditions

Are you taking any medication? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have any health problems or disabilities? No <input type="checkbox"/> Yes <input type="checkbox"/>
IF yes to the above question please explain.
Are you willing to take a medical test or a drug test if required? No <input type="checkbox"/> Yes <input type="checkbox"/>

Study earnestly to present yourself approved to God, a workman that does not need to be ashamed, rightly dividing the Word of Truth. 2 Timothy 2:15

Teaching references

NOTE: Please list one reference that we may contact regarding your teaching position. If you are an experienced teacher, it should be a School Board Member or a Staff Member (preferably the Principal):

Reference

Name:	Telephone #:
Address:	Relationship:

Previous Employer

Company Name:	Telephone #:		
Address:			
Position Held:	From	To	Starting/End Salary:
Reason for Leaving:	Supervisor:		

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you currently have any criminal actions pending in which you are the Defendant? No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you currently on probation or parole? Check One: No <input type="checkbox"/> Yes <input type="checkbox"/>
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name:	Signature:	Date:
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Please have ALL the blanks filled out then return to SMS by:

Mail: Seminole Mennonite School or **Email:** sahra.h@smsedu.org
1501 SE 5th Street
P. O. Box 608
Seminole, TX 79360-0608

For Official Use Only	
The SMS directors have interviewed this application	____/____/____.
The SMS Directors Hired this applicant No Yes	____/____/____.
NOTE for decision:	
_____	____/____/____
Signature	Date

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