



Dear Applicant:

Thank you for your interest in City School. Please take the time to thoughtfully and prayerfully assess your desire to engage in ministry with us.

We are a Christ-centered school providing a rich education to a diverse community, equipping children spiritually, academically, and relationally to be true servant-leaders.

We believe people are created in the image of God and are called to reflect God's character by doing His will. We believe in the uniquely transformative power of the gospel of Jesus Christ – and in the value of creating a school where representatives from all God's people in Austin learn and live together in community. We envision a world transformed by such Christians living purposefully and intelligently in the service of God and man. We aim to embody these values in ourselves and, in partnership with their parents, teach them to our students. Anyone seeking employment with City School must embrace its mission and demonstrate its values in their own life and work.

Please provide the following information to begin the application process.

- D COPY OF COLLEGE TRANSCRIPT** (if applicable)
- D SIGNED AGREEMENT WITH THE STATEMENT OF FAITH**
- D COMPLETED APPLICATION FOR EMPLOYMENT FORM**
- D RESUME OF PROFESSIONAL/WORK HISTORY AND EDUCATION**
- D APPLICANT QUESTIONNAIRE** (complete on separate paper)
- D SIGNED AUTHORIZATION STATEMENT**
- D COMPLETED REFERENCE AUTHORIZATION FORMS**

1844 Teri Rd ~ Austin, Texas ~ 78744  
Phone: 512.416.7744 ~ Fax: 512.444.7553  
[www.cityschooltexas.org](http://www.cityschooltexas.org)

## APPLICATION FOR EMPLOYMENT

<b>CHECK ONE:</b>	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Former Applicant	<input type="checkbox"/> Former Employee	<b>Dates:</b>
<b>CHECK AS MANY AS APPLICABLE:</b>	<input type="checkbox"/> Licensed	<input type="checkbox"/> Non-licensed	<input type="checkbox"/> Substitute	<input type="checkbox"/> Administrative

Type of License(s): \_\_\_\_\_

GENERAL AREAS OF INTEREST			
<input type="checkbox"/> Pre-school (PK-K) Teacher	<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Secretarial/Clerical Staff	<input type="checkbox"/> Media/Library
<input type="checkbox"/> Grammar (1-6) Teacher	<input type="checkbox"/> Information Systems/DBA	<input type="checkbox"/> Teacher Assistant/Aide	<input type="checkbox"/> Art/Music/Drama Teacher
<input type="checkbox"/> Middle (7-8) Teacher	<input type="checkbox"/> School Administration	<input type="checkbox"/> Development/Fundraising	<input type="checkbox"/> Counseling
<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> Admissions/Public Relations	<input type="checkbox"/> Other (Specify): _____	

DATE AVAILABLE:	DESIRED SALARY:
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Please Print Legibly in Ink or Type

**Please be sure to complete all sections. If not applicable, mark "NA."  
Any incomplete information may be considered willful omission and result in your application not being considered.**

PERSONAL INFORMATION	
<b>Name (Last, First, Middle Initial)</b>	<b>E-mail Address:</b>
Address (Number, Street, City, State, Zip)	
Phone Number (w/Area Code) Home _____ Mobile _____	Previous names under which you have worked or attended school.
If offered employment can you provide proof that you are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the United States and can you provide documentation to verify your employment eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
If presently employed, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	In case of emergency, whom should we contact? Name _____ Phone Number _____

GENERAL INFORMATION	
<b>HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN A MINOR TRAFFIC OFFENSE, INCLUDING SPEEDING OR PARKING VIOLATIONS)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain. (Convicted means you were declared guilty by a judge or jury or you pled guilty in court. A conviction may have taken place even if you did not pay a fine or spend time in jail or prison.) Answering yes to this question will not automatically disqualify you from employment. (City School may make a criminal background check.)  _____ _____ _____	
Do you have relatives employed by City School <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name(s), relationship(s), and assignment.
Work preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Substitute <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
Have you ever been disciplined, discharged (terminated), or asked to resign by a former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please explain.	
What church do you presently attend? (If not attending, leave blank.)	Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the pastor's name and full address of the church you presently attend.	

City School reserves the right to retain a copy of this application for five (5) years.

ALL APPLICANTS COMPLETE THIS SECTION

EMPLOYMENT HISTORY (ALL INFORMATION MUST BE COMPLETED *EVEN IF RESUME IS INCLUDED*)

Please begin with your present or most recent employer. Account for any periods of unemployment. Attach additional sheets if necessary.

Company	Job Title		
Street Address	City	State	Zip Code
Telephone Number/Fax Number	Dates Employed From: _____ To: _____		
Description of Duties:			
Supervisor's Name (First) _____ (Last) _____	Department		
Did you have a different name while working here? If so, please list:	Reason for Leaving		

Company	Job Title		
Street Address	City	State	Zip Code
Telephone Number/Fax Number	Dates Employed From: _____ To: _____		
Description of Duties:			
Supervisor's Name (First) _____ (Last) _____	Department		
Did you have a different name while working here? If so, please list:	Reason for Leaving		

Company	Job Title		
Street Address	City	State	Zip Code
Telephone Number/Fax Number	Dates Employed From: _____ To: _____		
Description of Duties:			
Supervisor's Name (First) _____ (Last) _____	Department		
Did you have a different name while working here? If so, please list:	Reason for Leaving		

COMPLETE THIS SECTION IF APPLYING FOR TEACHING POSITION

STUDENT TEACHING (if completed within the past three years): **Social workers and counselors list practicum, field experience, and internship(s).**

School Corporation And Location	Dates From To	Subject Or Grade	Supervising Teacher's Name and Phone Number (w/Area Code)

**EDUCATION (All Applicants)**

Degrees/ Diplomas Earned	Type of School	Name & Location (City, State) Of School	Number of Years	Major Field	Semester Hours	G. P. A. (major)	Minor Field	Semester Hours	G. P. A. (minor)
	*High School								
	*College or University								
	*College or University								

\*Includes Business, Trade or Correspondence Schools

List subjects/grades you are qualified to teach in order of preference. If you need additional space, please attach an additional page.

**LICENSE RECORD (Teaching Applicants Only)**

License/Registration/Certification	Type	State	Date Expires	Serial Number	Grade Level/Subject

**SKILL INFORMATION (All Applicants)**

For jobs requiring Office Machine Skills  
Do you type:  Yes  No Speed \_\_\_\_\_ WPM

For jobs requiring driving  
Valid current driver's license?  Yes  No  
State \_\_\_\_\_ Operator's Number \_\_\_\_\_  
CDL Number \_\_\_\_\_

How would you characterize your computer skills (check one)?  Expert  Intermediate  Novice  None

Please indicate (✓) the skills or duties which apply to your work experience/background:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Mail merge/mass mailing | <input type="checkbox"/> Bookkeeping         | <input type="checkbox"/> Oral Communication      | <input type="checkbox"/> Musical Instrument _____ |
| <input type="checkbox"/> Interior design         | <input type="checkbox"/> Accounting          | <input type="checkbox"/> Written Communication   | <input type="checkbox"/> MS-Excel                 |
| <input type="checkbox"/> Public speaking         | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Problem Solving         | <input type="checkbox"/> MS-Word                  |
| <input type="checkbox"/> Data entry              | <input type="checkbox"/> Accounts Payable    | <input type="checkbox"/> Decision Making         | <input type="checkbox"/> MS-Access                |
| <input type="checkbox"/> Phone skills            | <input type="checkbox"/> Payroll             | <input type="checkbox"/> Analytical Ability      | <input type="checkbox"/> MS-PowerPoint            |
| <input type="checkbox"/> Filing                  | <input type="checkbox"/> Record Keeping      | <input type="checkbox"/> Detail Minded           | <input type="checkbox"/> Website Development      |
| <input type="checkbox"/> Secretarial             | <input type="checkbox"/> Project Management  | <input type="checkbox"/> Calculator abilities    | <input type="checkbox"/> Quicken QuickBooks       |
| <input type="checkbox"/> High math aptitude      | <input type="checkbox"/> Leadership          | <input type="checkbox"/> Sales                   | <input type="checkbox"/> Desktop Publishing       |
| <input type="checkbox"/> Customer Service        | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Foreign Languages _____ |   |

Please check (✓) any of the following special area in which you have experience and are willing to teach at City School.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Math                    | <input type="checkbox"/> Music                   | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Grammar                 |
| <input type="checkbox"/> Computer Science        | <input type="checkbox"/> Drama, Dramatic Reading | <input type="checkbox"/> Coaching: _____    | <input type="checkbox"/> Reading/Phonics         |
| <input type="checkbox"/> Science, Nature Studies | <input type="checkbox"/> Dance _____             | <input type="checkbox"/> ESL                | <input type="checkbox"/> Writing/Composition     |
| <input type="checkbox"/> Logic/Rhetoric/Debate   | <input type="checkbox"/> Art/Picture Studies     | <input type="checkbox"/> Special Education  | <input type="checkbox"/> Biblical/Church History |
| <input type="checkbox"/> Foreign Language _____  |  |   | <input type="checkbox"/> Literature              |

Briefly describe the experience you have in any of the above special areas.

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**SECOND CAREER TEACHING APPLICANTS**

While appreciating the academic training traditionally obtained by teachers, City School does not require its teachers to have degrees or certification in education. On a separate sheet of paper, please describe in detail any academic training, life experience, work experience, life-long learning, travel, or similar influences in your life that qualify you to teach.

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*Agreement with Statement of Faith*

**THE NICENE CREED**

I believe in one God,  
the Father Almighty,  
maker of heaven and earth,  
and of all things visible and invisible.

And in one Lord Jesus Christ,  
the only-begotten Son of God,  
begotten of his Father before all worlds,  
God of God, Light of Light,  
very God of very God,  
begotten not made,  
being of one substance with the Father,  
by whom all things were made:  
Who for us men and for our Salvation,  
came down from heaven,  
and was incarnate  
by the Holy Ghost of the Virgin Mary,  
and was made man;  
and was crucified also for us under Pontius Pilate.  
He suffered and was buried;  
and the third day he rose again  
according to the scriptures,  
and ascended into heaven,  
and sitteth on the right hand of the Father.  
And he shall come again with glory to judge the quick and the dead:  
Whose kingdom shall have no end.

I believe in the Holy Ghost, the Lord and giver of life,  
who proceedeth from the Father and the Son,  
who with the Father and the Son together is worshipped and glorified,  
who spake by the prophets.

And I believe in one holy catholic<sup>1</sup> and apostolic church.  
I acknowledge one baptism for the remission of sins.  
And I look for the resurrection of the dead  
and the life of the world to come.

Amen

**I have read the above creed embraced by City School and claim the same beliefs entirely.**

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Applicant Name

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Date

<sup>1</sup>The word "catholic" means universal; thus, the universal church.

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*Applicant Questionnaire*

Please answer three or four of the following.

1. When you think of Jesus as a teacher, what characteristics do you see that he possessed which become a model for you as a teacher?
2. Describe the five ways you would connect with a child to build a positive relationship?
3. Describe an experience that caused you to rethink your methods of teaching.
4. In your opinion, what are at least five characteristics of extraordinary teachers?
5. What is your philosophy of education?
6. If you have one student in a class who struggles to understand the concepts, while another student in the same class demonstrates competency in all stages, to which student will you give the most attention? How will you seek to educate them both?
7. Simplify the following equation into a classroom discipline strategy: “rules without relationship equal rebellion.” Please explain your views on discipline and classroom management. Describe the most challenging discipline problem you have experienced as a teacher.
8. Proverbs 4.23 reads, “Above all else, guard your heart, for it is the wellspring of life.” What relationship, if any, does this verse have to the behaviors of children?
9. What is it that you feel motivates children to learn?
10. How does your relationship with Christ influence the daily decisions you make?
11. What experiences or events in life draw you closest to God?
12. What is your view of biblical authority? Describe a time when you have disagreed with an authority over you. What did you do?



*References*

Please list at least three references other than family members who can testify to your character and teaching ability.

Include two people that have been in authority over you in one capacity or another such as a pastor, principal, or former employer.

**REFERENCE NUMBER ONE**

Name of Reference		Job Title	
Street Address	City	State	Zip Code
Telephone Number/Fax Number		Time Applicant Has Known Reference From:                      To:	
Relationship:			
E-mail Address		Other Telephone Number	

**REFERENCE NUMBER TWO**

Name of Reference		Job Title	
Street Address	City	State	Zip Code
Telephone Number/Fax Number		Time Applicant Has Known Reference From:                      To:	
Relationship:			
E-mail Address		Other Telephone Number	

**REFERENCE NUMBER THREE**

Name of Reference		Job Title	
Street Address	City	State	Zip Code
Telephone Number/Fax Number		Time Applicant Has Known Reference From:                      To:	
Relationship:			
E-mail Address		Other Telephone Number	

**ADDITIONAL REFERENCE**

Name of Reference		Job Title	
Street Address	City		
State	Zip Code		
Telephone Number/Fax Number		Time Applicant Has Known Reference From:                      To:	
Relationship:			
E-mail Address		Other Telephone Number	



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*Applicant's Authorization Statement*

Please indicate that you have read and that you understand each paragraph of the Applicant's Authorization Statement by placing your initial beside each paragraph.

Initials

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to these investigations and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If *City School* decides to obtain a consumer credit report, I understand that *City School* will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I hereby release all parties, including but not limited to *City School*, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action *City School* takes on the basis of such information.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizens status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment at will and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by *City School*. I further understand that statements that may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that *City School* has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of *City School*, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

\_\_\_\_\_ I understand that, upon employment, I may be required to sign an agreement relating to confidential information.

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Signature of Applicant

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Date





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*Authorization for Release of Reference Information*

I have made application for a position with City School. I authorize City School to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by City School such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to City School.

I further certify that I have carefully read and do understand the above statements.

Please complete the information below and provide a signature authorizing City School to obtain information that would help us verify all data provided in your application for employment.

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE \_\_\_\_\_  
*Please Print Full Name*

\_\_\_\_\_  
*Signature Authorization of Applicant*

\_\_\_\_\_  
*Position of Interest*



*Criminal History Check Authorization for All Applicants*

**Texas Department of Public Safety**

This application is being used to help provide a safe and secure environment for City School students. The requested information regarding sex, race, and date of birth is required by the Texas Department of Public Safety. This information is kept strictly confidential and is necessary only for the processing of the criminal history background check. This information will only be released as required by law.

(Please print legibly or type all of the following information.)

**NAME:** \_\_\_\_\_  
First middle last maiden

**SEX:**  Male  Female

**RACE:**  African American  White  Hispanic/Latino  American Indian  Asian  Other \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_  
month day year city county state

**SOCIAL SECURITY #:** \_\_\_\_\_ **DRIVER'S LICENSE #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**COUNTIES/STATES RESIDED IN AS AN ADULT:** \_\_\_\_\_

**Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense?**  
 YES  NO

An individual with a history of any child abuse related or child molestation related offenses occurring at any time during his history will not be placed on the list of approved volunteers/teachers. If the Texas Department of Public Safety returns an apparent criminal history for anything other than a minor traffic offense during the past 15 years, you will not be placed on the school list of approved volunteers/teachers. You may contest your status by providing official proof that the record is clear or by submitting a written appeal to the Board of Directors.

**IN ORDER TO PROTECT THE STUDENTS OF CITY SCHOOL, WE ASK OUR APPLICANTS TO READ AND SIGN THE FOLLOWING:**

I, the undersigned, authorize City School, Incorporated to request and receive copies of any information pertaining to any criminal history recorded maintained by any law enforcement agency, and to use said information for the purpose of evaluating my application for volunteering. I hereby authorize City School to request any relevant information from my employer(s), and I authorize any references to release such information.

I affirm that all the information contained in this application is true and complete and that misrepresentation, falsification, or omission shall be cause for relinquishing my role as a volunteer with City School.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CURRENT ADDRESS**

(\_\_\_\_\_) \_\_\_\_\_  
**HOME PHONE**

*For office use only*  
Date Submitted \_\_\_\_\_  
Results Received \_\_\_\_\_