

CENTER PLACE RESTORATION SCHOOL

**819 West Waldo Avenue
Independence, Missouri 64050
816-252-1715**

**PERSONNEL APPLICATION
FACULTY**

PERSONAL DATA

Name _____ Social Security # _____
First Middle Last

Address _____ Telephone # _____

Date of Birth _____ Marital Status _____ Number of Children _____

Specific grades/subjects in which you are interested _____

Do you have any family members working at CPRS? If so, whom? _____

Restoration Branch of which you are a member _____ How long? _____

Branch Responsibilities _____

EMPLOYMENT

Current Place of Employment _____

Address _____ Telephone # _____

Job Title & Responsibilities _____

Are you under contract or have you signed a contract for next year? _____

Have you ever been asked to resign, or been discharged from a job? _____ no _____ yes

If yes, for what reason? _____

CERTIFICATION INFORMATION

Do you currently hold a teaching certificate? _____ no _____ yes

If yes, what kind? _____ Issued by _____

Date of Issuance _____ Date of Expiration _____

EDUCATION HISTORY

High School

Name of School (and City/State) _____

College - Undergraduate

Name of School (and City/State) _____

Major _____ Degree _____

Semester Hours _____ Date of Graduation _____

College - Graduate

Name of School (and City/State) _____

Major _____ Degree _____

Semester Hours _____ Date of Graduation _____

WORK EXPERIENCE

Teaching Experience (most recent first)

Name of School (and City/State) _____

Grade/Subject Taught _____ Dates _____

Name of School (and City/State) _____

Grade/Subject Taught _____ Dates _____

Name of School (and City/State) _____

Grade/Subject Taught _____ Dates _____

Other Experience (most recent first)

Company (and City/State) _____

Type of Work _____ Dates _____

Company (and City/State) _____

Type of Work _____ Dates _____

Company (and City/State) _____

Type of Work _____ Dates _____

REFERENCES

List the names of three reference who can provide a personal and/or business reference for you.

Name _____ Telephone _____

Address _____ Relationship _____

Name _____ Telephone _____

Address _____ Relationship _____

Name _____ Telephone _____

Address _____ Relationship _____

Why do you desire to teach at Center Place Restoration School? _____

Write a brief testimony of your commitment to the restored gospel of Jesus Christ. _____

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Center Place Restoration School or its agents to make an investigation of my employment and personal history through any investigative or credit agencies of its choice.

I also understand that neither this application nor a commitment of employment by Center Place Restoration School constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Center Place Restoration School

Signature _____ Date _____

(Return this application along with copies of your college transcript or other pertinent paperwork to the School Administrator, Center Place Restoration School, 819 West Waldo Avenue, Independence MO 64050.