



Cornerstone Christian Academy

6450 N. Camino Miraval ♦ Tucson ♦ Arizona ♦ 85718 ♦ www.cca-tucson.org
Ph:520-529-7080 fx:520-529-7140 Mr. John D. Saffold, Principal

Date: _____

New Teacher Application

Personal Information

Full Name: _____

Present Address: _____

Telephone Number: _____ Social Security Number: _____

Permanent Address: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Marital Status: Single Married Divorced Widowed Children: _____ Ages: _____

Spouse's Name: _____

Occupation: _____ Work Telephone Number: _____

Please list any health problems: _____

Please list any physical limitations: _____

Placement Data

List in order of preference the grades you are prepared to teach:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

References			
	Name	Address	Phone Number
Pastor of your Church			
Principal or Supervisor of present school (or most recent)			
One other professional educator			
Two people who know you well, other than immediate family members	1. 2.	1. 2.	1. 2.

Personal Convictions

What do you believe to be taught in Scripture that would relate to abortion and euthanasia?

What is your conviction concerning the lifestyle and spiritual growth of a Christian school teacher? What activities are you involved in for the purpose of spiritual growth?

Evaluation of Education

If more space is needed to answer the following questions, please attach an additional page.

1. What do you believe should be the distinctive characteristics of the Christian school?
2. What should be the main objective of a Christian teacher in training students?
3. In what way is education religious? Explain.
4. What are your greatest strengths as a teacher?
5. What are your greatest weaknesses as a teacher?
6. What does the Bible teach concerning the responsibility for educating children?
7. Provided that Christian parents have the means to do either, is a child from birth to age five better educated and trained at home or in a day care/kindergarten facility?
8. What is meant by the concept of integration of faith and learning?

Teacher Certification (If not, please explain.)

Type of Certification: _____ State(s)/Organization _____

If currently working on certification, how much do you lack? _____

Teaching Experience

School	Address	Employed: From-To	Subject or Grade

Previous Experience (Other than teaching)

Place of Employment	Address	Phone	Employed From - To	Title

Academic Preparation (We will request your complete transcript.)

Name of Institution	Degree	Major(s)	Minor(s)	Bible Credits (Approximate semester hours.)

Professional Certifications

Certification	Where granted?	Describe (If certification title not self evident.)

Evaluation of Education

Do you have confidential references on file at a college placement office? Yes No

Address of Office: _____

Christian School Preparation

Have you taken any courses relating to or giving training in the Christian Philosophy of Education?
___ Yes ___ No If yes, explain

Would you regularly follow a reading program or correspondence course on this topic?
___ Yes ___ No

Spiritual Conviction

Describe your own personal relationship with and commitment to the LORD Jesus Christ, including when you became a Christian (if you remember the specific time.)

If you were to die tonight and stand before God and He asked you, "Why should I let you into heaven?" what would you say? _____

Denominational Preference

Church Name: _____ Pastor: _____

Address: _____ Member _____ How Long _____

Is active church membership necessary for spiritual growth? _____

Do you subscribe without reservation to our statement of faith? ___ Yes ___ No

Applicant Signature: _____ Date: _____

Fingerprint Clearance, Certification and Criminal History

1. Have you been issued a valid fingerprint clearance card by the Arizona Department of Public Safety? Yes No
2. Have you ever had any professional certificate or license revoked or suspended? Yes No
3. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? Yes No
4. Have you ever been convicted of any felony offense? Yes No
5. Have you ever been arrested for any offense for which you were fingerprinted? Yes No
6. Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?
 - a. Second-degree murder Yes No
 - b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age Yes No
 - c. Sexual assault Yes No
 - d. Molestation of a child Yes No
 - e. Sexual conduct with a minor Yes No
 - f. Commercial sexual exploitation of a minor Yes No
 - g. Sexual exploitation of a minor Yes No
 - h. Child abuse Yes No
 - i. Kidnapping Yes No
 - j. Sexual abuse of a minor Yes No
 - k. Taking a child for the purpose of prostitution as described in section 13-3206 Yes No
 - l. Child prostitution as prescribed in section 13-3212 Yes No
 - m. Involving or using minors in drug offenses Yes No
 - n. Continuous sexual abuse of a child Yes No
 - o. Attempted first-degree murder Yes No
 - p. Any other dangerous crime against children as defined in section 13-604.01 Yes No
 - q. Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 Yes No
 - r. Any offense causing you to register as a sex offender Yes No
 - s. First-degree murder Yes No
 - t. Armed Robbery Yes No
 - u. Incest Yes No
 - v. Exploitation of minors involving drug offenses Yes No
 - w. Sexual abuse of a vulnerable adult Yes No
 - x. Sexual exploitation of a vulnerable adult Yes No
 - y. Commercial sexual exploitation of a vulnerable adult Yes No
 - z. Abuse of a vulnerable adult Yes No
 - aa. Molestation of a vulnerable adult Yes No
 - bb. Neglect of a vulnerable adult Yes No

Attention: If “yes” is indicated for any question, 2 through 6, please attach a full explanation to this application.

I swear or affirm that the foregoing information completed by me, or submitted by me is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for suspension or other disciplinary action against me.

Signature: _____ Date: _____