



# HENDERSONVILLE CHRISTIAN ACADEMY

## Faculty Employment Application

**Send to:** John Goodale, Headmaster  
Hendersonville Christian Academy  
355 Old Shackle Island Road  
Hendersonville, TN 37075

### I. PERSONAL DATA

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
\_\_\_\_\_  
Date of Application \_\_\_\_\_  
\_\_\_\_\_  
Date Available \_\_\_\_\_  
City State Zip \_\_\_\_\_

Indicate positions or possible positions for which you are applying.

Preschool \_\_\_\_\_ Camp Crusader \_\_\_\_\_ Support Staff \_\_\_\_\_ K-12 Faculty \_\_\_\_\_ Other \_\_\_\_\_

Why are you considering a change of position at this time? \_\_\_\_\_  
\_\_\_\_\_

### II. EDUCATION DATA

High School (name, location, date of diploma)  
\_\_\_\_\_  
\_\_\_\_\_

Undergraduate (attach unofficial transcript)

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Degree and Date \_\_\_\_\_

Graduate (attach unofficial transcript)

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Degree(s) and Date(s) \_\_\_\_\_

\_\_\_\_\_

Other Preparation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. TEACHING EXPERIENCE DATA**

**Name and Location of School** \_\_\_\_\_  
(Most Recent First)

Grade(s) Subject(s) Taught \_\_\_\_\_ Dates (Years) You Taught There \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Name and Location of School** \_\_\_\_\_

Grade(s) Subject(s) Taught \_\_\_\_\_ Dates (Years) You Taught There \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**Name and Location of School** \_\_\_\_\_

Grade(s) Subject(s) Taught \_\_\_\_\_ Dates (Years) You Taught There \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

(Use reverse side if additional space is needed)

**IV. OTHER EXPERIENCE DATA**

Please list other experiences you feel strengthen your application.

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**V. PERSONAL AND PROFESSIONAL REFERENCE DATA**

Please give the names, telephone numbers, and occupation of at least three references including your most recent educational supervisor and your pastor if not included in your résumé.

**PERSONAL**

_____	_____
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Name (Pastor)

Telephone Numbers

_____	_____
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Name (Educational Supervisor)

Telephone Numbers

_____	_____
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Name

Telephone Numbers

**VI. RECOGNITION DATA**

If not included in your résumé, please list honors or areas of achievement.

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**VII. PERSONAL INTEREST DATA**

If not included in your résumé, please list any areas of school life (e.g. art, music, athletics, cheerleading, drama, journalism, etc.) where you have a personal interest. Indicate also the amount of experience you have in these interest areas.

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**IX. APPLICANT QUESTIONNAIRE**

1 = Strongly Disagree   2 = Disagree   3 = Undecided   4 = Agree   5 = Strongly Agree		1	2	3	4	5
1	The Bible is the basis for what I believe.					
2	I have grown spiritually over the past three years.					
3	Parents should teach their children to respect and obey authority.					
4	God's creation was completed in six days and He rested on the seventh.					
5	I am called to the Christian school ministry.					
6	I tithe at my local church.					
7	America was founded upon Christian principles.					
8	I am involved in ministry at my local church.					
9	Marriage is the union of one man and one woman for life.					
10	The Bible mandates Christian education.					
11	The flag and other symbols of America should be respected.					
12	I read the Bible regularly.					
13	Sexual relationships are exclusively reserved for a man and woman within marriage.					
14	I pray for our nation and leaders.					
15	Families should read the Bible and pray together regularly.					
16	I share my faith with others.					
17	Others identify me as a Christian.					
18	I attend church faithfully.					
19	The Scripture guides me in each decision I make.					
20	I participate in the election process.					

I am a member of a Bible-believing church. Yes  No

If yes, please complete the following.

Name of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Years as a Member \_\_\_\_\_

I use some form of tobacco product. Yes  No

If yes, what type of product? \_\_\_\_\_

I consume alcohol. Yes  No

If yes, how frequently? \_\_\_\_\_