



SOUTHLANDS PSP
CHRISTIAN SCHOOLS | PRIVATE SATELLITE PROGRAM

Teacher Application Southlands PSP Program

Name: _____

E-mail : _____

Mailing Address: _____ City _____ State __ Zip _____

Home Phone:() _____ Cell Phone: () _____

Married: Yes ___ No ___

Spouse's Name: _____

Children's Names:

Ages:

What Languages do you read speak, or write fluently? _____

Do you work outside the home during school hours? Yes ___ No ___

If yes,Who will be with your children ? _____

Have you ever been convicted of a crime other than a minor traffic violation?

If yes-explain _____

List all Education Information

Name of School Grad Date Degree Major

High School _____

College _____

Do you hold a teacher's credential? Yes ___ No ___

What type: _____

Previous Employment Experience:

Position Company City/State Date Employed

References:			
Name	Position	City/State	Phone
_____	_____	_____	_____
_____	_____	_____	_____

What organizations, groups do you belong to?

What are your hobbies or special interests?

What are your educational goals for your children?

Describe what you believe, including how and when you became a Christian.

Are you active in a church fellowship? Yes ___ No ___

What ministries are you involved in?

I attest that the preceding information is true and correct to the best of my knowledge.

Signature: _____

Date: _____