



Classical School of Wichita

FACULTY EMPLOYMENT APPLICATION

Your interest in Classical School of Wichita is appreciated. Effective instruction is essential to carry out our mission. We seek and are grateful for those who, by the pattern of their lives, exemplify Christ, love and know children, and are equipped to teach.

PERSONAL INFORMATION:

Full Name: _____

PROFESSIONAL QUALIFICATIONS

REFERENCES - Please provide the names of three individuals who can attest to your character and professional abilities. Please include at least one reference to which you reported directly.

Name	Title	Phone

PEDAGOGICAL REFLECTIONS

On a separate paper, please provide a brief, but substantive, response to each of the following:

1. An evaluation of Dorothy Sayers's "The Lost Tools of Learning"
2. The most important characteristics of a "master" teacher
3. The necessary elements to create the ideal atmosphere for learning

OTHER REQUIRED INFORMATION

- A signed Authorization to Check References (attached)
- A signed Background Check Consent (attached)
- An official transcript for all degrees earned

I, the undersigned, do hereby certify that the facts that I set forth in the CSW Employment Application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired, or if hired, may subject me to immediate termination from employment at Classical School of Wichita.

Signature: _____ Date: _____

Thank you for applying for a position at Classical School of Wichita. The CSW Headmaster's office may contact you regarding further information it may seek and/or an interview.

NON-DISCRIMINATORY POLICY

Every individual human being is created in the image of God. Classical School of Wichita does not discriminate on the basis of age, race, color, national or ethnic origin, or gender in the administration of its admission, employment, personnel, financial assistance, or educational policies.



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AUTHORIZATION TO CHECK REFERENCES

I have made application for employment with Classical School of Wichita (CSW).

I authorize the school to thoroughly interview the primary references, which I have listed in my application, and any secondary references that may be mentioned while communicating with primary references.

I authorize CSW to inquire about my work and personal histories and to verify all data, oral and written, given during the application and interview process.

I authorize references, primary and secondary, to disclose to CSW such information as performance reviews or character evaluations, even when not favorable of me.

I hereby release CSW, Classical School of Wichita Association, my former employers, references and all parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I further waive the right to ever personally review any data, oral or written, provided to CSW by any references and all other parties.

I agree that a photocopy or facsimile of this document containing my signature shall be considered for all purposes as the original signed release on file at CSW.

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

Name: _____

Social Security Number: _____

Signature: _____ Date: _____



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of Wichita*

Background Check Consent

I, _____, upon being fully notified by this writing, hereby authorize Classical School of Wichita and/or its agents to make an independent investigation of my background, references provided, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that any information received will be used for the purpose of confirming the information contained on my Application and/or in my resume, and/or for obtaining other information, which may be material to my qualifications for employment with Classical School of Wichita.

In executing this consent form, I acknowledge that I am fully aware of any and all legal rights that I may have concerning this background check and the provision of access to my private information. I freely and without reservation provide the consent described herein. I further acknowledge that my employment with Classical School of Wichita is conditional upon and subject to the information provided in this authorized background check.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby release Classical School of Wichita, each of its officers, its board of directors, employees and/or its agent and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits and alleged damages or other injuries in regards or in any way related to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Full name (printed) _____
Maiden name or other names used

Present Street Address _____ City, State Zip
How long? _____

Prior Street Address _____ City, State Zip
How long? _____

_____/_____/_____
Social Security # _____-_____-____ State ____/____/____
Driver's License # Date of Birth

Signature ____/____/____
Date