

**APPLICATION FOR TEACHING POSITION**  
Christian Learning Centers of Florence County  
2208 Pamplico Hwy  
Florence, SC 29505  
Phone 843-662-5921

Social Security Number \_\_\_\_\_ Date Available \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list the name, address, and phone number of the person we may contact in case of emergency.

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense?

\_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Do you possess professional certification as a teacher? \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ State in which issued \_\_\_\_\_

Educational Level     BA     BS     MA     Doctorate

**EDUCATIONAL PREPARATION - High School and beyond (List chronologically.)**

Name of School	Location of School	Dates Attended		Degree Earned	Major
		From	To		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TEACHING EXPERIENCE** - List chronologically including student teaching.

Name of School	Location of School	Dates Attended		Grade	Subjects	Reason for Leaving
		From	To			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**OTHER WORK EXPERIENCE** - List chronologically (full-time only).

Name of Organization	Location		Dates Mo/Year to Mo/Year	Kind of Work	Reason for Leaving
	City	State			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What Church do you regularly attend? \_\_\_\_\_

How often do you attend?     Several times weekly     Once a week     Monthly

Your Pastor's name and phone number \_\_\_\_\_

**Please list three references**

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Explain why you want to teach a Bible Class with the Christian Learning Centers**

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**REQUIRED EMPLOYEE SIGNATURE**

My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is a cause for dismissal should I be employed by The Christian Learning Centers of Florence County.

My signature below authorizes the Christian Learning Centers of Florence County to do the background screening that is required for employment.

Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Send application to:**  
 Christian Learning Center  
 PO Box 13044  
 Florence SC 29506