

Teacher Questionnaire

Name	Soci	Social Security No Telephone	
Present Address			
Permanent Address		Telephone	
Age Birthd	ate		
Sex Marita	l Status	Number of Dependents	
Education: Grade School	High School	College Other	
Do you have any health pro	blems or disabilities? Pleas	se explain:	
Church Affiliation	Name of Co	ongregation	
1. How long have you been	a Christian?		
2. Please share your persona	l testimony.		
3. Please share your person	al interest, conviction, an	d philosophy of Christian educa-	
tion.			
4. How long have you had a	n interest in Christian edu	cation?	
5. Number the following su	bjects according to your	teaching interest and proficiency	
(first choice is number 1).			
Math	Bible	Physical Education	
Science	Social Studies	Music	
Language Arts	Arts and Craft	s Shop	
6. How many years have you	taught?		

7. What grade levels did you teach?		
9. What age group do you prefer teaching?		
	ldren.	
11. What can we expect you to contri	bute toward harmonious staff relationships?	
	bordinately and to retain a servant's heart of loyal-	
ty, respect, and honor toward thos	se to whom you are responsible?	
	e may contact regarding your teaching position. If	
you are an experienced teacher, one staff member (preferably the principa	should be a school board member, one a fellow	
Name		
Address	_	
Name	Relationship	
Address		
Name	Relationship	
Address		
Signed	Date	
Please return form to the following ad	ldress:	
School Name		
Address		

Please feel free to use additional paper if necessary.