



## Application for INSTRUCTIONAL EMPLOYMENT

Date Completed: \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email address: \_\_\_\_\_

Primary or Home Phone: \_\_\_\_\_ Cell or Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Emergency Contact with Phone number: \_\_\_\_\_

Church Membership: (optional) \_\_\_\_\_

### EDUCATION:

College or University	City, State	Degree	Major	Dates Attended	Overall GPA

*Copies of all College and/or University transcripts, both undergraduate and graduate, must be filed with your application or soon after it has been submitted.*

### CERTIFICATION:

Do you hold a teacher's certificate?

Yes  No If yes, date issued: \_\_\_\_\_ (Please attach a copy) If no, date applied: \_\_\_\_\_

CERTIFIED SUBJECT AREA	SPECIFY STATE OF CERT.	CLASS (A-Bachelor's; G-Master's)	EXPIRATION DATE

### TEACHING POSITION FOR WHICH YOU ARE APPLYING:

Grammar:  Jr. Kindergarten  Kindergarten  1-3  4-6

Logic/Rhetoric:  History  Math  Rhetoric  Logic  Bible  Literature/Composition  Science

Specialties:  Drama  Latin  Spanish  Art  Music  Physical Education  Coaching: \_\_\_\_\_

Other \_\_\_\_\_

Please list any extra-curricular programs for which you would feel qualified to lead: \_\_\_\_\_

\_\_\_\_\_

## WORK-RELATED EXPERIENCE:

Please list positions you've held that have prepared you for the work for which you are applying.

PLACE OF EMPLOYMENT	POSITION	LONGEVITY OF POSITION
REASON FOR LEAVING		
PLACE OF EMPLOYMENT	POSITION	LONGEVITY OF POSITION
REASON FOR LEAVING		
PLACE OF EMPLOYMENT	POSITION	LONGEVITY OF POSITION
REASON FOR LEAVING		

## STUDENT TEACHING:

If student teaching was completed within the last three years, supply the following information:

School: \_\_\_\_\_ Address: \_\_\_\_\_  
 Grade/Subject: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Cooperating Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_  
 College/University: \_\_\_\_\_  
 College Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_

## REFERENCES

Please give four references with phone numbers and email addresses. Include at least two professional references and one reference who can comment on your Christian faith. Unless noted otherwise, we will assume permission to contact these people.

NAME	PHONE AND EMAIL	RELATIONSHIP TO APPLICANT	# YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

*Please note that a background check will be performed on all applicants. If you have ever been convicted of a misdemeanor or felony, please explain on a separate sheet of paper.*

## Live Oak Classical School Mission Statement

Live Oak Classical School strives to equip students to love God with all their hearts, souls, and minds (Matt. 22:37). We draw on the classical tools of learning to prepare students to reason clearly, communicate effectively, and act responsibly in the world – all for the glory of God.

## Live Oak Classical School Statement of Faith

Below is a statement of faith made by Live Oak Classical School as a set of beliefs which we feel is sufficient for members of a school to hold in common. We are not a church and will not attempt to influence positions of doctrinal belief beyond this scope. Should questions of doctrine arise beyond this scope, the student will be referred back to the parents and the home church.

Our **Faith Statement** focuses on the basic tenets of historical Christianity.

We believe in God almighty, maker of heaven and earth. Therefore we approach all truth as edifying for those who believe in God, and we strive to understand every aspect of the world as part of God's creation.

We believe God's creation – including human thought and culture – is good, yet fallen from its proper relation to God. Therefore we approach the best of human culture as an expression of creation yearning to be reunited to God, and we recognize that our own understanding of God and creation is limited.

We believe that God acted decisively in history through the person and work of Jesus Christ, his son, to reconcile the world unto himself. Therefore the story of God's saving work in history is essential to our understanding of the world.

We believe God continues to work in history through his Holy Spirit to restore the image of God in us. Therefore we trust in God's indwelling presence to empower us to discern truth, excellence, and beauty, and to do justice, love mercy, and walk humbly before God.

We believe Holy Scripture is inspired by God and profitable for teaching, for reproof, for correction, and for training in righteousness.

In response to the goodness and grace of God made manifest in creation, Christ, and the Holy Spirit, we develop our minds and our hearts that we may be good stewards of God's creation and faithful bearers of Christ's image in love and service to one another.

## PHILOSOPHY QUESTIONS

Please read the information about Live Oak Classical School (available on our website at [www.liveoakclassical.com](http://www.liveoakclassical.com) or by mail). On a separate sheet, please answer the following questions succinctly:

### EDUCATIONAL VIEWS AND VALUES

1. What does a Christian education mean to you?
2. Who have been the most influential people in your life?
3. Who have been the most influential writers in your life?
4. What are the goals of a good education?
5. What part does discipline play in the classroom?
6. Please read *An Introduction to Classical Education* by Christopher A. Perrin or the Dorothy Sayers' article *The Lost Tools of Learning* and comment on the vision, goals and means of education that these publications put forth.

### RELIGIOUS VIEWS AND EXPERIENCE

1. What must one believe to be a Christian?
2. Describe how you came to faith in Jesus Christ.
3. How does your Christianity affect the way you go about teaching?
4. Can you unreservedly subscribe to the mission and faith statement of Live Oak Classical School?

## POLICY OF NON-DISCRIMINATION

Live Oak Classical School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, financial aid or employment policies, or any other programs administered by the school.

P.O. Box 647 | Waco, TX 76703-0647 | 254-714-1007 | [www.liveoakclassical.com](http://www.liveoakclassical.com)

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

Sheryl Groppa  
Agency Representative Name (Please print)

Sheryl Groppa  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Empl ___	Vol/Contractor ___	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		