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## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_  
(Please update every 2 years)

Position applying for: \_\_\_\_\_

### GENERAL

Name of Applicant: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Country: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Someone who will always know how to contact you:

Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

### PERSONAL

Applicant's Birthday: \_\_\_\_\_ Applicant's Birthplace & Country: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Re-Married

Spouse's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Country: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Occupation and/or Past Employment: \_\_\_\_\_

Children: (Check those children who will accompany you to Korea)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ PP#/Country: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ PP#/Country: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ PP#/Country: \_\_\_\_\_

### SPIRITUAL / RELIGIOUS

Church Denomination: \_\_\_\_\_ How many years have you been a Christian? \_\_\_\_\_

Present Church Membership: \_\_\_\_\_ Years of Membership: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Telephone: (\_\_\_\_) \_\_\_\_\_

Church's Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Recent church-related activities or participation: \_\_\_\_\_

#### Endorsement of GSIS Statement of Faith

GSIS is an evangelical school. Its trustees mandate that faculty be "baptized Christians who subscribe to the school's statement of faith." Please read the statement before signing. (Found in the employment section of the school's website <http://gsis.sc.kr>)

I endorse the statement of faith of GSIS. \_\_\_\_\_ (Signature)

#### Personal Statement of Faith

GSIS seeks teachers with a demonstrated faith-walk with Jesus Christ. Briefly describe your Christian walk and/or conversion experience. (Use a separate sheet if necessary.)

# PLEASE RETURN APPLICATION WITH TRANSCRIPTS AND TEACHING CERTIFICATES

## EDUCATIONAL

### Educational Experience (Chronologically, beginning with the most recent Attendance/Degree)

University or College Attended	Major(s)	Minor(s)	Degree(s)	Earned Date Completed
1. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PROFESSIONAL

### Teaching Experience (Chronologically, beginning with the most recent position)

School	Dates	Address	Subject(s)
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

### Teacher Certification

Areas Certified to Teach: \_\_\_\_\_

State/Province Certified & Certificate Number: \_\_\_\_\_ # \_\_\_\_\_

Period or Expiration of Teaching Certificate: \_\_\_\_\_

Other Pertinent Professional Experience: (Please attach resume with other professional experience)

## CO- / EXTRA-CURRICULAR

### Check experience and/or skills you have had outside of the classroom.

<input type="checkbox"/> Coaching (Sport(s) _____ )	<input type="checkbox"/> Forensics	<input type="checkbox"/> Praise Team
<input type="checkbox"/> Drama	<input type="checkbox"/> Journalism	<input type="checkbox"/> Bible Studies
<input type="checkbox"/> Music	<input type="checkbox"/> Scouting	<input type="checkbox"/> Model United Nations
<input type="checkbox"/> National Honor Society	<input type="checkbox"/> Academic Team	<input type="checkbox"/> Elementary Clubs

## HEALTH

-Do you have or have you had any health condition(s) that has caused your work or education to be interrupted for an extended period of time? Yes No

-Have you or do you smoke or use tobacco products? Yes No

-Have you used recreational drugs? Yes No

-Are you currently on any prescription medicine or under a doctor's care? Yes No

**If you have responded "Yes" for any of these health questions, please attach a page of explanation.**  
(You will be required to have a doctor's physical and complete a full health history upon employment decision.)

## REFERENCE

### List Two (2) Professional References and Two (2) Character References (Preference is given to a Non-relative and Home Church Pastor)

1. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____
2. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____
1. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____
2. Name: _____	Position: _____
Address: _____	Telephone: (____) _____
_____	E-mail: _____

*To the best of my knowledge, the information I have provided in this application is correct.*

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