

Marshalltown Christian School



Excellence in Christ-Centered Education

P.O. Box 1514 ♦ Marshalltown, Iowa ♦ 641-753-8824



"Train up a child in the way he should go and when he is old he will not turn from it." ~ Proverbs 22:6

mcs@marshalltownchristianschool.com

www.marshalltownchristianschool.com

APPLICATION FOR ADMINISTRATOR

Please send your application, your transcripts and credentials, if you have not already done so, to the above address. All information will be held in confidence. Use another sheet of paper if more room is needed to complete an answer.

Date _____ School year applying for _____

Personal

Last Name _____ First Name _____ Middle Initial _____

Male _____ Female _____

Present Address _____

Phone Number _____

Date of Birth ____/____/____ Place of Birth _____ Citizenship _____

Social Security Number ____-____-____

Marital Status _____ Spouse's Name _____

Spouse's Employment _____

Children and their ages _____

Give us a brief description of your family

EDUCATION AND PROFESSIONAL TRAINING

Copies of transcripts are required.

<i>Degree/</i>	<i>Institution/ location</i>	<i>Date from-to</i>	<i>Major</i>
High School			

College

Post Graduate

What teaching certificates do you hold? _____

Total Credits in: Education _____ Bible and Theology _____ Administration _____

Are you interested in or do you have training or experience in any of the following?

- [] Music (specify) _____
- [] Coaching Endorsement _____
- [] Physical Education (specify) _____
- [] Other (specify) _____

Academic and athletic honors, extra-curricular activities, travel, offices held and military experience (specify) _____

Do you have a valid Iowa teaching certificate? _____ Certified to teach grades _____

Preference to teach grades (list in order) _____

Preference in subjects (list in order) _____

Do you hold any other type of certification? _____ If so, what type and from where? _____

EXPERIENCE

Give full and accurate data regarding your teaching experience or if you have never taught before, give information regarding your last three (3) jobs.

<i>Name of school/ Business</i>	<i>location</i>	<i>Date from-to</i>	<i>Responsibilities</i>	<i>Reason for leaving</i>
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Why do you wish to change positions at this time?

What courses have you taken in school administration?

What, if any, plans do you have for further training?

SPIRITUAL PREPARATION

Denominational Preference _____

What church do you presently attend? _____

Pastor's name _____

Church's address _____

Church background _____

In what church activities/responsibilities do you or have you participated?

In the space below, please answer following questions.

1. Please share your faith, its importance in your life, and how it affects what you do?

2. What is God doing in your life today?

3. What do you believe about creation vs. evolution?

4. What is humanism?

5. Why do you want to be an administrator at Marshalltown Christian School?

6. What do you perceive to be your greatest area of strength that would positively affect your role as a Christian administrator?

7. What is your philosophy of Christian education? What are its distinctive characteristics? Have you taken any courses in Christian philosophy? If so, name them.

8. What do you understand to be the proper correlation of an administrator to the moral and spiritual lives of the teachers?

9. What do you consider to be the administrator's role in promoting the school in the community?

10. What are your goals for the next 5 years?

11. How does Ephesians 4:11-16 apply to your life?

12. As an administrator in a Christian school, on what basis would you require obedience to your leadership?

HEALTH DATA

Date of last physical ____/____/____

1. Are you under treatment for any mental, nervous, or physical condition at the present time? If so, please specify.

2. Are you taking any medications? If so, for what reason?

3. Have you had any operations, injuries or physical conditions which are still under treatment or which have been cured in the past ten (10) years? Please explain.

4. Do you have any physical handicaps? Please explain.

HOBBIES AND/OR SPECIAL INTERESTS

(Please list in order of priority)

REFERENCES

Please list five (5) references that have first-hand knowledge of your character, personality, and administrative ability. One must be a current pastor.

Title/Name *Position/Occupation* *Complete address* *Telephone No.*

All information given is true and correct to the best of my knowledge.

____/____/____ _____
Date Signature

Please return to:

Marshalltown Christian School
Attn: Education Committee
P. O. Box 1514
Marshalltown, IA 50158