

ANNAPOLIS CLASSICAL TUTORIAL SERVICE APPLICATION FOR EMPLOYMENT

NAME _____

ADDRESS _____

CELL PHONE _____ HOME NUMBER _____

EMAIL ADDRESS _____

SPOUSE (IF APPLICABLE) _____

CHILDREN NAMES & AGES (IF APPLICABLE)

EDUCATION & DEGREES

CERTIFICATION

SPECIAL TRAINING (WORKSHOPS, ETC)

HOMESCHOOL EXPERIENCE

TEACHING EXPERIENCE

1. WHAT DO YOU BELIEVE IS THE PURPOSE OF EDUCATION?

2. WHAT IS YOUR UNDERSTANDING OF A CLASSICAL CHRISTIAN EDUCATION?

3. WHAT IS YOUR OPINION/VIEW OF A CLASSICAL EDUCATION?

4. HAVE YOU HAD ANY FORMAL TRAINING IN CLASSICAL CHRISTIAN EDUCATION?
EXPLAIN:

5. WOULD YOU BE WILLING TO EDUCATE YOURSELF ON THE METHODS OF A CLASSICAL CHRISTIAN EDUCATION?

6. WHAT IS YOUR UNDERSTANDING OF A HOMESCHOOL EDUCATION?

7. WHAT ARE YOUR IDEAS ON HOW CHILDREN LEARN BEST?

8. WHAT IS YOUR PHILOSOPHY/ MAIN APPROACH TO CLASSROOM DISCIPLINE?

9. WHY DO YOU WANT TO WORK AT ACTS?

10. DO YOU HAVE A COMPUTER AND INTERNET ACCESS (MANDATORY FOR THE JOB)?

_____ YES _____ NO

11. WHAT GRADE(S) ARE YOU INTERESTED IN TEACHING?

GRAMMAR

K _____ G1 (1ST) _____ G2 (2ND) _____ G3 (3RD) _____

G4 (4TH) _____ G5 (5TH) _____ G6 (6TH) _____

DIALECTIC

D1(7TH) _____ D2(8TH) _____ D3(9TH) _____

RHETORIC/ À LA CARTE

R1(10TH) _____ R2(11TH) _____ R3(12TH) _____

12. WHAT SUBJECTS DO YOU HAVE A KNOWLEDGE OF?

HISTORY

ANCIENT _____ MEDIEVAL _____

EUROPEAN _____ AMERICAN _____

WORLD HISTORY _____

GRAMMAR/COMPOSITION

K- 6TH _____ 7- 8TH _____ 9-12TH _____

SCIENCE

ZOOLOGY _____ BOTANY _____ ASTRONOMY _____

JR. CHEMISTRY _____ PHYSICS _____ BIOLOGY _____

CHEMISTRY _____

LOGIC

DEDUCTIVE _____ INDUCTIVE _____

LITERATURE/COMP BASED ON HISTORY ERA _____

LATIN

LATIN FOR CHILDREN PRIMER _____ WHEELLOCK'S LATIN _____

13. WHAT CHURCH DO YOU ATTEND?

HOW LONG? ARE YOU A MEMBER? _____ YES _____ NO PASTOR'S
NAME:

WHAT MINISTRIES ARE YOU A PART OF?

PLEASE SUBMIT THE FOLLOWING ALONG WITH THIS APPLICATION:

1. YOUR TESTIMONY DESCRIBE HOW AND WHEN YOU BECAME A BELIEVER AND YOUR RELATIONSHIP WITH JESUS CHRIST.
2. ABRIEFRESUME
3. REFERENCES (FILL IN THE SECTION BELOW OR SUBMIT A SEPARATE PAPER)

References:

REFERENCES (PLEASE PRINT)

REFERENCE: RELATED TO TEACHING EXPERIENCE

HOW LONG KNOWN?

NAME:

ADDRESS:

MOBILE PHONE:

EMAIL ADDRESS:

REFERENCE: PERSONAL
HOW LONG KNOWN?
NAME:
ADDRESS:
MOBILE PHONE:
EMAIL ADDRESS:

REFERENCE: PASTOR OR ELDER
HOW LONG KNOWN?
NAME:
ADDRESS:
MOBILE PHONE:
EMAIL ADDRESS:

BY SUBMITTING THIS APPLICATION, I DECLARE THAT THE FACTS SET FORTH AS STATED ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM APPROVED AS A TUTOR FOR ACTS, ANY FALSE STATEMENTS, ENTRIES, OMISSIONS MADE BY ME ON THIS APPLICATION WILL RESULT IN MY IMMEDIATE DISMISSAL.

I ALSO UNDERSTAND THAT I WILL BE SUBJECT TO A BASIC IDENTITY BACKGROUND CHECK.

NAME _____

SIGNATURE _____ DATE _____

IF YOU HAVE ANY QUESTIONS, PLEASE SEND THEM TO ADMINISTRATION AT actsfacts@annapolisclassicaltutorial.org OR CALL ACTS: 667-458-0055