



FACE TEACHER Application

(ONE Per Teacher)

School Year _____

Full Name:	
Street Address:	
City:	Zip Code:
Phone #:	Cell Phone #:
Email Address:	
Birth date:	Maiden or Other Names:
Reason for wanting to teach at FACE:	
What do you enjoy most about working with children?	
What do you find most challenging about working with children in a classroom setting?	



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Do you agree with the core values of FACE? Yes No

If "No", please explain:

I have read and agree to uphold the FACE Teacher Policies: Yes No

If "No", please explain:

Are you teaching anywhere else?:

If so, where? (rec. center, church, tutoring, etc.):

How much time does this require each week:

Please supply **TWO** references. (**NO** relatives, please)

1. Name:		Relationship:	
Street Address:			
City:	State:	Zip Code:	
Phone #:			

2. Name:		Relationship:	
Street Address:			
City:	State:	Zip Code:	
Phone #:			

Have you ever been convicted of or charged with a felony or misdemeanor? Yes No

If yes, please explain:

Submission of this application certifies that all of the above answers are true and correct to the best of my knowledge. Additionally, submission of this application authorizes FACE to investigate any statement contained in this application, and to obtain a background check as necessary to determine my qualifications.

I have read and agree with the Teacher Policies. Yes No

Teacher Signature*:

*A typed "signature" is acceptable when submitting this application by email - the email itself will serve as your signature