

Faculty/Staff Application Form

Iowa Mennonite School
1421 540th Street SW
Kalona, IA 52247
Phone & Fax: 319-656-2073

I. Personal Data

Name _____

Present Address: _____

Home phone number: _____ Social Security Number _____

Church Affiliation:

Denomination _____ Congregation _____

Pastor's Name(s) _____

Email address _____

Prepare a statement of your Christian pilgrimage and attach a sheet to this form.

II. Training and Certification

Name of School	Date of Graduation	Diploma or degree
<i>High School:</i> _____	_____	_____
_____	_____	_____
<i>College:</i> Major _____	Minor _____	
_____	_____	_____
_____	_____	_____
<i>Graduate:</i> _____	_____	_____
_____	_____	_____

III. Employment History

Name and Address of Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. References: List two references who are familiar with your work experience:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

V. Extra-Curricular Activities: List activities in which you were engaged:

High School _____

College _____

Total years of teaching experience _____

Are you presently under contract? ___ Yes ___ No School _____

VI. Special Information

I authorize Iowa Mennonite School to conduct a check of my criminal history.

Date of Birth _____ Place of Birth _____

Signature _____ Date _____

Information submitted on this form shall be kept confidential and used only to evaluate the applicant relative to a position on the staff. Feel free to answer all questions sincerely and without reservation.

Return this application to:

Iowa Mennonite School
1421 540th Street SW
Kalona, IA 52247

<i>For school personnel only:</i>		
_____ Background check completed	Date _____	By _____
_____ References checked	Date _____	By _____