



PAN AMERICAN CHRISTIAN ACADEMY  
Rua Cássio de Campos Nogueira 393  
São Paulo, SP Brazil 04829-310

USA Tel: 480-471-5339  
Brazil Tel: 55-11-5929-9500  
Fax: 55-11-5928-9591  
Email: [employment@paca.com.br](mailto:employment@paca.com.br)  
Website: [www.paca.com.br](http://www.paca.com.br)

# Employment Application Form

Please include with this application:

- Completed Medical Form (included in this form)
- Personal Reference # 1 Form (included in this form)\*
- Personal Reference # 2 Form (included in this form)
- Professional Reference # 1 Form (included in this form)
- Professional Reference # 2 Form (included in this form)
- Copy of College Transcript
- Copy of College Diploma
- Copy of Teaching Credentials

\* One of the personal references has to be from current pastor.

**PERSONAL DATA**

Date Available \_\_\_/\_\_\_/\_\_\_



Name \_\_\_\_\_  
First Name Last Name Middle Name

Mailing Address \_\_\_\_\_  
Address or Box City State Zip Code

Permanent Address \_\_\_\_\_  
Address or Box City State Zip Code

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Teaching Experience \_\_\_\_\_ yrs  
MM DD YY

Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
City State Country

Passport No \_\_\_\_\_ Place Issued \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_ Date Expires \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Marital Status \_\_\_\_\_ If divorced or separated please explain:

Name of Parents \_\_\_\_\_  
Full Name of Father Full Name of Mother

*Do you have any health needs or physical handicaps, please give details:*

**DEPENDENTS**

**Spouse's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
Last Name First Name Middle Name

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Also applying? \_\_\_\_\_  
MM DD YY

Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
City State Country

Passport No \_\_\_\_\_ Place Issued \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_ Date Expires \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Spouse's Parents \_\_\_\_\_  
Full Name of Father Full Name of Mother

**Child's Name** \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_  
MM DD YY

Passport No \_\_\_\_\_ Place Issued \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_ Date Expires \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
City State Country

**Child's Name** \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_  
MM DD YY

Passport No \_\_\_\_\_ Place Issued \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_ Date Expires \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
City State Country

**Child's Name** \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_  
MM DD YY

Passport No \_\_\_\_\_ Place Issued \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_ Date Expires \_\_\_/\_\_\_/\_\_\_  
MM DD YY MM DD YY

Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
City State Country

*Does anyone in your family have health needs, physical handicaps or learning disabilities, please explain:*

# PROFILE

## Education

Dates:	Elementary, High School, Bible School, College or University:	Degree and Major:
	Name: Address:	
	Name: Address:	
	Name: Address:	
	Name: Address:	

## Student Teaching Experience

Dates:	School and Location:	Grades / Subjects Taught:

## Professional Teaching Experience

Dates:	School and Location:	Grades / Subjects Taught:

## Other Work Experience

Dates:	Position and Employer:	Kind of Work:

**Present Employer** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_  
Address or Box City State Zip Code

Names and Addresses of the last two principals for whom you have taught. *Include with application the last two principals' evaluation reports.*

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
Address or Box City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Current Teacher Certification**

Type:	Levels:	Subjects:	Issuing State:	Date Expires:

Specify grades and/or subjects your prefer:

Specify grades and subjects you are qualified and willing to teach

List special abilities (music, library, PE, etc.):

List foreign languages and indicate degree of proficiency:

List any travel, study or employment outside the United States:

List the reasons for wanting to teach at PACA:

**REFERENCES:**

***Your Pastor:***

Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address or Box                      City                      State                      Zip Code

***Two Friends you have known for at least two years:***

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Address or Box                      City                      State                      Zip Code

Address \_\_\_\_\_  
Address or Box                      City                      State                      Zip Code

Phone (\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**FAITH**

Church Affiliation or Preference \_\_\_\_\_

How long have you been born again? \_\_\_\_\_

Briefly describe how you became a Christian on the last page or separate sheet of paper.

Have you been active in work related to the church? \_\_\_\_\_ If so, describe briefly.

*If you wish to indicate anything about yourself not covered by your answers you may do so on a separate paper.*

## **STATEMENT OF FAITH**

Please read the following Statement of Faith carefully. If you fully agree with this statement of faith without any reservations, please sign below.

### STATEMENT OF FAITH

- 1: We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- 2: We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious death, in atonement through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal bodily return in power and glory.
- 3: We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. We believe that salvation is by grace through faith, apart from works and/or ceremonial observances such as baptism, confirmation, church membership, or communion.
- 4: We believe in the verbal, plenary inspiration of the Scriptures, both Old and New Testaments, and that the Bible is the infallible, authoritative Word of God.
- 5: We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
- 6: We believe in the resurrection of both the saved and the lost: they that are saved unto the resurrection of life, and those that are lost unto the resurrection of damnation.
- 7: We believe in the spiritual unity of believers in Christ.
- 8: We believe that God created the universe, including the earth, out of nothing.

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
MM DD YY

## **TESTIMONY**

# MEDICAL INFORMATION & EXAMINATION (Confidential)

## *To be filled out by teacher:*

Have you had (or still have) any of the following illnesses (check)

4 or more colds per year	_____	German Measles	_____
Ear Infection	_____	Tonsillitis	_____
Epilepsy	_____	Pneumonia	_____
Mumps	_____	Chicken Pox	_____
Hay Fever	_____	Rheumatic Fever	_____
Heart Disease	_____	Asthma, Bronchitis	_____
Diabetes	_____	Whooping cough	_____
Hepatitis	_____	Hernia	_____
Yellow Fever	_____	Scarlet Fever	_____
Malaria	_____	Typhoid	_____
Other _____	_____	Cancer	_____

Do you suffer from any allergies? If yes, please explain \_\_\_\_\_

Do you suffer from arthritis or other joint or muscle diseases? If yes, please explain \_\_\_\_\_

Are you taking medication for a health problem? If yes, please state the nature of the problem and the name of the medication you currently take. \_\_\_\_\_

## *To be filled out by doctor during physical examination:*

Height \_\_\_\_\_ Weight \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Ears \_\_\_\_\_ Nose \_\_\_\_\_

Throat \_\_\_\_\_ Teeth \_\_\_\_\_

Vision \_\_\_\_\_ Skin \_\_\_\_\_

Posture (check for back problems, scoliosis, etc.) \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_

Results of Lab Tests (e.g. blood, urine, etc.) \_\_\_\_\_

Women Teachers should have full gynecological examination: \_\_\_\_\_

Please state any other vital information that the school administration should be aware of as they consider this candidate for a teaching position in Brazil: \_\_\_\_\_

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

MM DD YY

PAN AMERICAN CHRISTIAN ACADEMY  
Personal Reference #1

Name \_\_\_\_\_

Address \_\_\_\_\_

Has given your name as a character reference in regard to a teaching position in our Christian school here in Brazil. We would deeply appreciate it if you would be perfectly frank in answering these questions to the best of your ability. The information given will be treated with the strictest confidence. An immediate reply would be most helpful. Thank you very much for your cooperation.

Sincerely, \*

Director of Teacher Placement  
Pan American Christian Academy

1. How long have you known the applicant? \_\_\_\_\_
2. Has the applicant worked for you? \_\_\_\_\_ How long? \_\_\_\_\_  
Satisfactorily? \_\_\_\_\_ Would you re-employ? \_\_\_\_\_  
Comments: \_\_\_\_\_
3. Does the applicant have any physical handicaps? \_\_\_\_\_
4. On a scale of one to ten, with 1 being poor(ly) and 10 being excellent(ly), how would you rate the applicant in answering the following questions?
  - a. What kind of response does the applicant have to authority? 1 2 3 4 5 6 7 8 9 10
  - b. How does the applicant work with others? 1 2 3 4 5 6 7 8 9 10
  - c. How does the applicant take responsibility? 1 2 3 4 5 6 7 8 9 10
  - d. What kind of success would you predict for the applicant in this service? 1 2 3 4 5 6 7 8 9 10
  - e. What quality of rapport does the applicant have with children? 1 2 3 4 5 6 7 8 9 10
  - f. What quality of rapport does the applicant have with young people? 1 2 3 4 5 6 7 8 9 10
5. Please evaluate the applicant by checking/circling the proper box:

<b>Spiritual Maturity</b>	Spiritually immature	Not very mature	Average	Spiritually mature	Deeply mature	No chance to observe
<b>Knowledge of Scriptures</b>	Poor	Fair	Average	Good	Excellent	No chance to observe
<b>Effectiveness of witness</b>	Offensive	Very hesitant	Somewhat hesitant	Effective witness	Very effective	No chance to observe
<b>Personality</b>	Avoided by others	Tolerated	Liked by others	Well liked by others	Sought by others	No chance to observe
<b>Character</b>	Unreliable	Somewhat dependable	Usually dependable	Conscientious	Absolutely reliable	No chance to observe
<b>Initiative</b>	Needs constant supervision	Succeeds if supervised	Sometimes initiates	Self-reliant	Actively creative	No chance to observe
<b>Concern for others</b>	Anti-social	Self-centered	Somewhat interested in others	Often interested in others	Deeply interested in others	No chance to observe
<b>Self-control</b>	Nervous; very poor self-control	Periodic problems with self-control	Average self-control	Good self-control	Excellent self-control	No chance to observe
<b>Emotional stability</b>	Moody negative depressed	Somewhat de-pressed, apathetic	Average	Above average	Very cheerful	No chance to observe
<b>Personal appearance</b>	Poor	Fair	Acceptable	Appropriately groomed	Attractive, well-groomed	No chance to observe

<b>Health</b>	Poor	Fair	Average	Good	Excellent	No chance to observe
<b>Attitude</b>	Critical	Poor	Fair	Positive	Very cooperative	No chance to observe
<b>Ability to teach</b>	Poor	Fair	Average	Good	Excellent	No chance to observe

6. Does the applicant attend church regularly? \_\_\_\_\_

a. Name of church: \_\_\_\_\_

b. Affiliation (denomination, independent, etc.): \_\_\_\_\_

c. In your opinion, where does this church stand theologically?

(Note: Focus here is on theological position rather than social activities.)

Please indicate with an "X" on the line below.

\_\_\_\_\_ Ultra-Liberal      \_\_\_\_\_ Liberal      \_\_\_\_\_ Moderate      \_\_\_\_\_ Conservative      \_\_\_\_\_ Ultra-Conservative

7. Does the applicant participate in any activities that might be considered questionable to some people? \_\_\_\_\_  
If yes, please explain:

8. Does the applicant have any outstanding special ability?

9. Have you any reason whatever for lack of confidence in this applicant?

10. Do you have any reservations concerning the financial integrity of the applicant? \_\_\_\_\_  
If so, please explain:

11. Have you ever had occasion to question the candidate's morals? \_\_\_\_\_  
If so, please explain:

12. Additional remarks:

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

Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Date: \_\_\_\_\_

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**PAN AMERICAN CHRISTIAN ACADEMY**  
**Personal Reference #2**

Name \_\_\_\_\_

Address \_\_\_\_\_

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 Satisfactorily? \_\_\_\_\_ Would you re-employ? \_\_\_\_\_  
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If so, please explain:

11. Have you ever had occasion to question the candidate's morals? \_\_\_\_\_  
If so, please explain:

12. Additional remarks:

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

Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

\_\_\_\_\_

Date: \_\_\_\_\_

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PAN AMERICAN CHRISTIAN ACADEMY  
Professional Reference #1

**Request for Evaluation (Certificated)**

\_\_\_\_\_ has applied for a teaching position in the Pan American Christian Academy for the \_\_\_\_\_ school year and has given your name as a reference. Will you, at your earliest convenience, please complete this form. Your statements will be regarded as confidential. Thank you for your cooperation.

Dates employed by or known to you	Position of Applicant	Would you re-employ?

**COMMENTS:** (Include remarks regarding re-employment and indicate specific traits which might detract from, or add to, the applicant's effectiveness as a teacher. Use reverse side if necessary.)

Instructional Skills and Classroom Management	Unsatisfactory	Below Average	Satisfactory	Above Average	Superior
Knowledge of subject matter					
Knowledge of principles and methods of teaching					
Provision for individual differences					
Classroom control					
Rapport with pupils					
Command of English					
Personal Characteristics	Unsatisfactory	Below Average	Satisfactory	Above Average	Superior
General appearance					
Physical health and energy					
Emotional and social adjustment					
Use of good judgement					
Voice and diction					
Interest and enthusiasm					
Response to supervision					
Staff relations					

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Position: \_\_\_\_\_

(Additional comments welcomed on reverse side.)

Please return this form to:

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PAN AMERICAN CHRISTIAN ACADEMY  
Professional Reference #2

**Request for Evaluation (Certificated)**

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Dates employed by or known to you	Position of Applicant	Would you re-employ?

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General appearance					
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Use of good judgement					
Voice and diction					
Interest and enthusiasm					
Response to supervision					
Staff relations					

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Position: \_\_\_\_\_

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