

# TEACHER APPLICATION FORM

Pan American Christian Academy

Rua Cassio de Campos Nogueira 393

Rio Bonito

São Paulo, SP Brazil 04829-310

Tel: 55-11-5928-9655

Fax: 55-11-5928-9591

www.paca.com.br

E-mail: school.office@paca.com.br

## 

## *Please include with this application: Completed Reference Forms*

## *Completed Medical Form*

*Copies of:*

*College Transcript*

*College Diploma*

*Teaching Certificate*

## PERSONAL DATA Date Available \_\_\_/\_\_\_/\_\_\_

*Place Picture Here*

#### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name Middle Name Maiden 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

#### Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Country

#### Passport No \_\_\_\_\_\_\_\_\_\_\_\_\_ Place Issued \_\_\_\_\_\_\_\_\_ Date Issued \_\_/\_\_/\_\_ Date Expires \_\_/\_\_/\_\_

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

#### Name of Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Father Full Name of Mother (Include Maiden Name)

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

**DEPENDENTS**

#### Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_

Last Name or Maiden Name First Name Middle Name

#### Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Height \_\_\_ Weight \_\_\_ Sex \_\_\_ Also applying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Country

#### Passport No \_\_\_\_\_\_\_\_\_\_\_\_\_ Place Issued \_\_\_\_\_\_\_\_\_ Date Issued \_\_/\_\_/\_\_ Date Expires \_\_/\_\_/\_\_

#### Spouse’s Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Father Full Name of Mother (Include Maiden Name)

#### Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_ Sex \_\_\_\_ Relationship \_\_\_\_\_\_\_\_

#### Passport No \_\_\_\_\_\_\_\_\_\_\_\_\_ Place Issued \_\_\_\_\_\_\_\_\_ Date Issued \_\_/\_\_/\_\_ Date Expires \_\_/\_\_/\_\_

#### Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Country

#### Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_ Sex \_\_\_\_ Relationship \_\_\_\_\_\_\_\_

#### Passport No \_\_\_\_\_\_\_\_\_\_\_\_\_ Place Issued \_\_\_\_\_\_\_\_\_ Date Issued \_\_/\_\_/\_\_ Date Expires \_\_/\_\_/\_\_

#### Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Country

#### Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_ Sex \_\_\_\_ Relationship \_\_\_\_\_\_\_\_

#### Passport No \_\_\_\_\_\_\_\_\_\_\_\_\_ Place Issued \_\_\_\_\_\_\_\_\_ Date Issued \_\_/\_\_/\_\_ Date Expires \_\_/\_\_/\_\_

#### Birthplace \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Country

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

Please note: Some of these questions are for the purpose of securing the information required by the Brazilian Government and have nothing to do with the applicant’s acceptance for employment.

**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 Locations | Grades/Subjects Taught |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other Work Experience

|  |  |  |
| --- | --- | --- |
| Dates | Position and Employer | Kind of Work |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

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

*Include with application the last two principals’ evaluation reports.*

Names and Addresses of the last two principals for whom you have taught.

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FAITH**

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

Have you been born again? \_\_\_\_\_\_\_\_\_\_\_\_ If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your new birth experience on the last page or on a 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 no 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 mental 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.

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TESTIMONY

**Don’t forget to include with this application:**

**Completed Reference Forms** (attached to this application)

1 Pastoral

1 Character

2 Professional

**Completed Medical Form** (attached to this application)

**Copies of:**

* College Transcript
* College Diploma
* Teaching Credentials

PAN AMERICAN CHRISTIAN ACADEMY

Teacher Application

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 \_\_\_\_\_  Ear Infection \_\_\_\_\_  Epilepsy \_\_\_\_\_  Mumps \_\_\_\_\_  Hay Fever \_\_\_\_\_  Heart Disease \_\_\_\_\_  Diabetes \_\_\_\_\_  Hepatitis \_\_\_\_\_  Yellow Fever \_\_\_\_\_  Malaria \_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | German Measles \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Asthma, Bronchitis \_\_\_\_\_ Whooping cough \_\_\_\_\_ Hernia \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Typhoid \_\_\_\_\_ Cancer \_\_\_\_\_ |

Do you suffer from any allergies? 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAN AMERICAN CHRISTIAN ACADEMY

Pastoral Reference

Dear Pastoral Reference,

We deeply appreciate your perfectly frank answers to these questions. The information given will be treated with the strictest confidence. An immediate reply would be most helpful.

Thank you very much for your cooperation.

Please return this form directly to:   
Pan American Christian Academy  
Rua Cassio de Campos Nogueira 393

Rio Bonito - São Paulo, SP Brazil 04829-310

Phone: 55-11-520-9655 Fax: 55-11-520-9591

Email: superintendent@paca.com.br

Sincerely, \*

Director of Teacher Placement

Pan American Christian Academy

##### Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 one being poor(ly) and ten 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:

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

1. 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

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

1. Does the applicant have any outstanding special ability?
2. Have you any reason whatever for lack of confidence in this applicant?
3. Doe you have any reservations concerning the financial integrity of the applicant? \_\_\_\_\_\_  
   If so, please explain:

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

1. Additional remarks:

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

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

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

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

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

PAN AMERICAN CHRISTIAN ACADEMY

Character Reference

Dear Character Reference,

We deeply appreciate your perfectly frank answers to these questions. The information given will be treated with the strictest confidence. An immediate reply would be most helpful.

Thank you very much for your cooperation.

Please return this form directly to:   
Pan American Christian Academy  
Rua Cassio de Campos Nogueira 393

Rio Bonito - São Paulo, SP Brazil 04829-310

Phone: 55-11-520-9655 Fax: 55-11-520-9591

Email: superintendent@paca.com.br

Sincerely, \*

Director of Teacher Placement

Pan American Christian Academy

##### 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 one being poor(ly) and ten 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:

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

1. 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
2. Does the applicant participate in any activities that might be considered questionable to some people? \_\_\_\_\_  
   If yes, please explain:
3. Does the applicant have any outstanding special ability?

1. Have you any reason whatever for lack of confidence in this applicant?
2. Doe you have any reservations concerning the financial integrity of the applicant? \_\_\_\_\_\_  
   If so, please explain:
3. Have you ever had occasion to question the candidate’s morals? \_\_\_\_\_\_\_\_  
   If so, please explain:
4. Additional remarks:

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

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

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

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

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

PAN AMERICAN CHRISTIAN ACADEMY

Professional Reference #1

Dear Professional Reference,

We deeply appreciate your perfectly frank answers to these questions. The information given will be treated with the strictest confidence. An immediate reply would be most helpful.

Thank you very much for your cooperation.

Please return this form directly to:   
Pan American Christian Academy  
Rua Cassio de Campos Nogueira 393

Rio Bonito - São Paulo, SP Brazil 04829-310

Phone: 55-11-520-9655 Fax: 55-11-520-9591

Email: superintendent@paca.com.br

Sincerely, \*

Director of Teacher Placement

Pan American Christian Academy

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 | Unsatis-factory | 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 | Unsatis-factory | Below  Average | Satisfactory | Above  Average | Superior |
| General appearance |  |  |  |  |  |
| Physical health and energy |  |  |  |  |  |
| Emotional & social adjustment |  |  |  |  |  |
| Use of good judgment |  |  |  |  |  |
| Voice and diction |  |  |  |  |  |
| Interest and enthusiasm |  |  |  |  |  |
| Response to supervision |  |  |  |  |  |
| Staff relations |  |  |  |  |  |

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

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

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

(Additional comments welcomed below.)

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

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

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

(Additional comments welcomed below.)