

North Florida Baptist Church, Inc.

Employment Application

Teaching Supplement

Date: _____

Name _____

Address _____
Street City State Zip

Telephone _____ Social Security No. _____

MOST RECENT TEACHING CERTIFICATE

State _____ Expiration Date _____ Type _____
 Number of Florida Certificate (valid or expired) _____ Rank _____
 Date of Issue _____ Valid from _____ to _____
 Subject or Fields of Florida Certification _____

Are you sure the College Placement Office is forwarding your placement papers? yes no

Are you sure the College Registrar's Office is forwarding official transcripts? yes no

Are you under contract to any school system at the present time? yes no

If yes, please provide:

Name _____ Location _____

STUDENT TEACHING (If completed in last five years)

School Year	Name of School, Address and Phone	Supervising Teacher	Director of Interns	Grades and/or Subjects Taught

TEACHING EXPERIENCE (Most recent experience first). Do not list part-time or substitute teaching.

Year	Name of School, Address and Phone	Supervisor	Grade/Subject	Salary

Why do you wish to teach at NFC? _____
