

St. Luke's Early Childhood Programs 100 West 86th Street, Indianapolis, IN 46260 317.844.3399

Teacher Application DATE:

Personal Information					
First Name:	Last Name:	DOB:			
Address:		Male or Female			
Home Number:	Cell Number:				
!					
	Location:				
	Date of Graduation:				
	Bate of Graduation.				
College:	Location:				
Dates Attended:	Date of Graduation:				
Degree/Diploma:	Minors:				
	Location:				
	Date of Graduation:				
Degree/Diploma:					
Other:	Location:				
Dates Attended:	Date of Graduation:				
Degree/Diploma:	Minors:				
Please list other certifications, classes, endorsements, or other involvement in early childhood:					
Please list other certifications, classes, e	endorsements, or other involvement in ea	riy chilanood:			
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		1			

Employment									
1. Employer:	Dates of Employment:								
Address:									
Job Title/Description-Include grade or age of children:									
Supervisor: Telephone:	: Salary:								
Email address:									
Reason for Leaving:									
St. Luke's Administrator may contact this employer:YesNo									
2. Employer:	_ Dates of Employment:								
Address:									
Job Title/Description-Include grade or age of children: _									
Supervisor: Telephone:	: Salary:								
Email address:									
Reason for Leaving:									
St. Luke's Administrator may contact this employer:YesNo									
3. Employer: Dates of Employment:									
Address:									
Job Title/Description-Include grade or age of children:									
Supervisor: Telephone:	: Salary:								
Email address:									
Reason for Leaving:									
St. Luke's Administrator may contact this employer:	YesNo								
Position Dosirod									
Position applying for: TeacherSubstitute									
Classroom/Age Preference of Children:Toddlers	2's3's4'sJr. Kdg								
Days Available: Monday Tuesday Wednesday									
How did you learn about the position?	2								

Refere	ences								
Profes	sional Reference:	Name/Title:							
Phone	:	Email:							
Profes	sional Reference:	Name/Title:			_				
Phone	:	Email:							
Persor	nal Reference:	Name/Title:			_				
Phone	:	Email:							
Tooch	ina Dosition Dos	iiromonto							
	ing Position Requ								
•	Must be 18 years o								
•		round Requirements ool Diploma/GED							
		elors Degree in Educa	tion and/or Degree	related to Education					
PRE-H	IRE								
•	Health Physical o applicant r	esponsible for any co	st incurred						
•	 Fingerprints applicant responsible for cost, reimbursed after rehire for 2nd year 								
•	 Drug Test applicant responsible for cost, reimbursed after rehire for 2nd year 								
ANNU	AL								
•	Annual TB Test	esponsible for any co	st incurred						
•	 Annual CPR/First Aid/Universal Precautions ECP is responsible for costs 								
•	Annual Background o ECP is resp	d Check oonsible for costs							
	I verify th	at I have read this app	olication and declare	e my answers as true and complete.					
_	Printed Name			Signature					
	Date of Applicatio		Hire Date	 Term Date					