

# BEACON SCHOOL

P. O. Box AR 105

Aburi,  
Ghana

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## Staff Application Form

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position Applying for \_\_\_\_\_

### A. Personal Information

Full Name \_\_\_\_\_

Age \_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality \_\_\_\_\_

Place of Birth (City, Country): \_\_\_\_\_

Postal Address \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_

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

Marital Status (*please tick one*): *single*\_\_\_ *engaged*\_\_\_ *married*\_\_\_ *divorced*\_\_\_ *separated*\_\_\_

Name of Spouse if Married \_\_\_\_\_

Names and ages of child/ren (if any) \_\_\_\_\_

Names of Parents \_\_\_\_\_

Parents' Phone(s) \_\_\_\_\_

What do your parents think about your decision to apply to Beacon School? \_\_\_\_\_

\_\_\_\_\_

## **B. Educational Experiences after Basic School**

Name & Location of Institution	Dates Attended	Degree/Diploma/Certificate

**Important:** In submitting this application, please attach copies of all relevant certificates, testimonials and exam results.

## **C. Work Experiences**

### **a. Teaching Experience**

Name of Institution	Address	Dates	Classes Taught

### **b. Non-Teaching Work Experience**

Name of Organization	Address	Dates	Position Held

## **D. Personal Faith**

1. How long have you been a Christian? \_\_\_\_\_

2. What church do you attend? \_\_\_\_\_

-Denomination \_\_\_\_\_ Current Pastor \_\_\_\_\_

3. What are your greatest gifts? \_\_\_\_\_

\_\_\_\_\_

4. What are your greatest weaknesses? \_\_\_\_\_

\_\_\_\_\_

5. Personal History: Please write your answers to the following questions on separate sheets (not more than one page each):

- a) Describe your conversion experience and present spiritual relationship with the Lord Jesus Christ
- b) Which individuals or books have been most influential in your life, and why?
- c) What areas of your character are you currently seeking to further develop and improve?
- d) Please describe your long-term goals in life.
- e) Please describe your relationship with your local church, such as your areas of ministry, service, and any leadership experience.

## **E. Working with Children *(for teaching-applicants only)***

1. What is your preferred age group when working with children and why?

\_\_\_\_\_

2. How would you maintain discipline in the classroom?

\_\_\_\_\_

3. What is your favorite subject/aspect of teaching? Explain why:

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4. What uniqueness in teaching will you be bringing to Beacon School?

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## **F. Medical Information**

1. Please answer all questions truthfully with *Y* for yes or *N* for no.

- Have you ever smoked tobacco/cigarettes? \_\_\_\_\_
- Have you ever taken any illegal drugs? \_\_\_\_\_
- Have you ever had a problem with alcohol? \_\_\_\_\_
- Have you ever been under psychiatric care? \_\_\_\_\_

If you answered Yes to any of the questions in section **F1** please explain the circumstances which led to it:

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2. Have you ever had, or do you currently have any of the following conditions?

Yes	No	
		Diabetes
		Ear Trouble
		Eye Trouble
		Recurrent Diarrhea
		Recurrent Headaches
		Epilepsy
		Fainting Spells
		Mental or Nervous Disorders
		Depression
		Heart Trouble
		High Blood Pressure
		Low Blood Pressure
		Asthma
		Allergies
		Females only: - Severe Pains During Periods

If you answered Yes to any of the questions in section **F2**, please comment on the problem and medications:

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3. Are you at present under a doctor's care for any condition? If so, please specify:

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4. FEMALES: Are you pregnant now or hoping to get pregnant within the coming year? If yes, explain \_\_\_\_\_

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5. Next of kin to be contacted in case of emergency \_\_\_\_\_

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Telephone(s): \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

*Medical Agreement: In case of emergency, I agree that medical attention should be sought, but that every effort to contact my next of kin be made at that time.*

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **G. Very Important**

1. If applying for a teaching position, please explain what made you decide to become a teacher.

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2. How did you hear of Beacon School?

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3. What made you decide to apply to Beacon School? \_\_\_\_\_

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4. In what ways do you believe you can contribute to the ministry of Beacon School?

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5. Other Comments \_\_\_\_\_

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## **FINAL INFORMATION**

In order for us to process your application efficiently, we must have ALL three references on file. Please advise your referees to send in the completed reference forms as soon as possible.

Subject to your successful completion of this stage of the application process, we will call you for an interview. Please be reminded that only short-listed applicants will be contacted for interview. Following up your application will not be necessary.

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

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

Date \_\_\_\_\_