Faculty/Staff Application Form Hillcrest Academy 1421 540 th Street SW Kalona, IA 52247 Phone & Fax: 319-656-2073			19 T	
I. Personal Data				ADEN
Name	SSN:			
Present Address:				
Home phone number: (Cell Phone:	E-mail:		
Church Affiliation:				
Denomination	_ Congregation			
Pastor's Name(s)				
II. Training and Certification				
Name of School High School:	Date of Graduation		Diploma or degree	-
<i>College</i> : Major				-
Graduate:				-
III. Employment History Name and Address of Employer		Position		Dates

IV. References: List three references who are familiar with your work experience:

Name	Address		
V. Extra-Curricular Activities: List a			
High School			
College			
Total years of teaching experience _			
Are you presently under contract?	YesNo	School	
Faith Journey story. This could inclu	de significant events, people and who you are today. Plea	ned to this application, telling your Christian of influence, and/or development of thoughts ase include your response to the Mennonite <u>hat-we-believe/confession-of-faith</u> .	
VII. Special Information			
I authorize Hillcrest Academy to cor	nduct a check of my criminal l	history.	
Name as stated on Driver's License	·		
Date of Birth	Place of Birth	າ	
Signature	Date		
		d used only to evaluate the applicant ons sincerely and without reservation.	
Return this application by mail to:	Hillcrest Academy 1421 540 th Street SW Kalona, IA 52247	Or by email to: Dwight Gingerich, Principal dgingerich@hillcrestravens.org	
For school personnel only: Background check compl	eted Date	By	
References checked	Date	By	