Dyer, IN 46311 p. 219.864.2400 f. 219.864.2410

## application for employment - faculty

Personal I	nformation				
Name (First, Middle, Last)			Today's Date		
Street Address			Phone (home)		
City, State, Zip Code			Phone (cell)		
Email Address			Phone (work)  May we contact you at work?  □ Yes □ No		
Education	nal History (Degrees earned or in progre	ess)			
Education	Name and address of School(s)		Course of Study	Did you graduate?	Degree or Diploma
High School					
College or University					
Graduate School					
Graduate School					
	ı				I
Church Af	ffiliation				
Church Name			Denomination		
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## **Personal Questions**

 $Please\ answer \ the\ following\ questions\ on\ a\ separate\ sheet\ of\ paper\ and\ attach\ them\ to\ this\ application.$ 

- 1. Explain from personal experience what it means to be a Christian.
- 2. Explain from personal experience your practices of nurturing your faith life.
- 3. Why are you a member of your particular denomination?
- 4. Are you familiar with and able to subscribe to the Three Forms of Unity (Heidelberg Catechism, Belgic Confession, Canons of Dort) and the Westminster Confession of Faith without reservation because they agree fully with the Scriptures?
- 5. Do you have any spiritual or emotional struggles which may be a hindrance to effectively performing your duties at Mid-America Reformed Seminary?

## View of Seminary Education

Please answer the following questions on a separate sheet of paper and attach them to this application.

- 1. What is the purpose of seminary education?
- 2. What should be the relationship between seminary education and the church?
- 3. How do you define/describe the "call to be a minister of the Word?"
- $4. \ \ Describe how you would seek to promote prophetic zeal and personal godliness among seminary students.$
- 5. Why would you wish to teach at Mid-America Reformed Seminary?

Occu	national	Hictory
Occu	pationa	l History

Company Name (present or most recent first)	Position/Title		
Street Address	Employed from (mo/yr) to (mo/year)		
City, State, Zip Code	Primary Responsibilities		
Name of Supervisor	Reason for Leaving (or considering leaving)		
Supervisor's contact information	Phone	May we contact? ☐ Yes ☐ No	
Company Name (present or most recent first)	Position/Title		
Street Address	Employed from (mo/yr) to (mo/year)		
City, State, Zip Code	Primary Responsibilities		
Name of Supervisor	Reason for Leaving (or considering leaving)		
Supervisor's contact information	Phone	May we contact? ☐ Yes ☐ No	
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Name of Supervisor	Reason for Leaving (or considering leaving)		
Supervisor's contact information	Phone	May we contact?  ☐ Yes ☐ No	
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Street Address	Employed from (mo/yr) to (mo/year)		
City, State, Zip Code	Primary Responsibilities		
Name of Supervisor	Reason for Leaving (or considering leaving)		
Supervisor's contact information	Phone	May we contact?  ☐ Yes ☐ No	
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Street Address	Employed from (mo/yr) to (mo/year)		
City, State, Zip Code	Primary Responsibilities		
Name of Supervisor	Reason for Leaving (or considering leaving)		
Supervisor's contact information	Phone	May we contact? ☐ Yes ☐ No	

Use an additional page if more space is needed.

References	
Name	Phone
Street Address	Relationship to you
City, State, Zip Code	Number of years this person has known you
Name	Phone
Street Address	Relationship to you
City, State, Zip Code	Number of years this person has known you
Name	Phone
Street Address	Relationship to you
City, State, Zip Code	Number of years this person has known you
Name	Phone
Street Address	Relationship to you
City, State, Zip Code	Number of years this person has known you
My signature below signifies my knowledge of and agreement to	a the following:

The answers I have given are true and complete and without omission. I understand that any false, misleading, incomplete or misrepresented information of any kind may disqualify me for employment, or if discovered after I am an employee, may result in discipline or termination.

I understand that any offer of employment is conditional upon my ability to submit proof of my legal right to work in the United States.

I authorize Mid-America Reformed Seminary, and its agents, employees, and representatives to obtain any and all information they deem appropriate regarding my employment and job performance from any of the organizations or contacts listed on this application for employment form or any of the organizations' employees, representatives, and agents. This information may be provided either orally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against Mid-America Reformed Seminary, its agents, employees, or representatives, or the listed persons or organizations and their agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature	Dete
Signature	Date

Please submit this application form along with your current Curriculum Vitae, official undergraduate and graduate transcripts, and the responses to the Personal Questions and View of Seminary Education to: