

APPLICATION FOR ONLINE TEACHING POSITION (GRADES 3 through 12)

Name: _____ Date: _____
 Home address: _____ Phone number: _____
 Current address: _____ Cell Phone: _____
 Email address: _____ Position desired: _____

EDUCATION

School	Location	Graduated		Degree	Major	Minor
		Yes	No			

ACADEMIC EXPERIENCE (List most recent first)

Employed		Institution	Address	Position	Supervisor	Reason for Leaving
From	To					

NONACADEMIC EXPERIENCE (List most recent first.)

Employed		Institution	Address	Position	Supervisor	Reason for Leaving
From	To					

REFERENCES List three professional and two personal references, one of which should be your pastor (other than relatives or employers), who have been acquainted with you within the last two years.

Name	Occupation	Address	Phone	Email
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PROFESSIONAL INFORMATION

Areas of state certification:

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Publications/Creative Works:

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Presentations:

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Membership in professional groups (omit any which might indicate race, gender, national origin, ancestry, or disability status):

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List any fellowships, awards, honors, or grants received:

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List civic activities (omit any which might indicate race, gender, national origin, ancestry, or disability status):

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PERSONAL INFORMATION

Are you able to perform the essential functions of the position for which you have applied? _____

If you require an accommodation to perform essential job functions, please describe the accommodation and job function: _____

Have you been convicted of a felony in the past 7 years? (A felony conviction or the existence of a criminal record does not constitute an automatic bar to employment.) Yes _____ No _____

If so, please explain:

Have you ever been discharged from a job? Yes _____ No _____

If yes, please explain: _____

Are you authorized to work in the United States for any employer? Yes _____ No _____

Will you now or in the future require employment visa sponsorship? Yes _____ No _____

Are you related to anyone employed at ORU? _____

SPIRITUAL INFORMATION

Name and location of church you attend: _____

Pastor: _____ Are you a regular attendant? _____

Do you take an active part? _____ If so, what activities are you engaged in? _____

Have you accepted Jesus Christ as your personal Savior and Lord? _____

Do you believe God heals the human body? _____

Do you practice the prayer language of the Spirit, what is sometimes referred to as praying with the spirit and with the understanding also, as St. Paul did? (1 Cor. 14:14-15): _____

If so, what does this practice mean to you? _____

If not, do you believe that the prayer language of the Spirit is scriptural? _____

Do you believe it is for you? _____ Are you seeking to release your prayer language? _____

LIFESTYLE INFORMATION

In what ways are you familiar with the ministry and lifestyle of Oral Roberts University? _____

Do you exercise regularly? _____

Do you use or intend to use tobacco in any form? _____

Do you use or intend to use intoxicating drinks? _____

Do you use or intend to use illegal substances? _____

If offered a position, would you willingly agree to exemplify the lifestyle required of the students of Oral Roberts University? _____

STATEMENT OF PURPOSE

It is the purpose of Oral Roberts University, in its commitment to the historic Christian faith, to assist students in a quest for knowledge of and relationship to God, human beings, and the universe. Dedicated to the realization of truth and the achievement of one's potential life capacity, the University seeks to graduate an integrated person—spiritually alive, intellectually alert, and physically disciplined.

To accomplish this purpose, Oral Roberts University seeks to synthesize, by means of interdisciplinary cross-pollination, the best traditions in liberal arts, professional, and graduate education with a charismatic concern to enable students to go into every person's world with healing for the totality of human need.

Please give a brief personal response to the Oral Roberts University Statement of Purpose:

Please read and indicate your agreement by signing below:

In completing this application, I understand that if a conditional offer of employment is extended, I will conform to the rules and regulations of the company, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. No agreement or representation in regard to term or condition of employment shall be enforceable against or recognized by ORU unless in writing and signed by the President or Vice President. I authorize Oral Roberts University (ORU) to make an investigation of all information contained in this application for

employment, and I release from liability all companies, corporations, or personal references named or to whom the University may refer to in supplying such information. I understand that any false answers, statements, omissions, or implications made by me on this application or in the interview process shall be considered sufficient cause for denial of employment or immediate discharge. Upon termination of my employment, I release ORU from any and all liability. I authorize the request of a copy of my motor vehicle driving record and any other investigative report or criminal arrest check deemed necessary from various third party sources. If requested, I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits, and conditions at any time. I have read and understand the above and acknowledge that the information provided is complete and accurate.

Signature_____

Date_____

Oral Roberts University employs, advances, admits, and treats, in its employment and educational programs, all persons without regard to race, national or ethnic origin, sex, age, disability, status as a veteran or genetic information.

PLEASE ATTACH A PERSONAL RESUME WITH COMPLETED APPLICATION

Affirmative Action Program Applicant Information Form

Oral Roberts University (ORU) is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Equal Employment Opportunity and Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as a disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in reports are required. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

Section 1: General Information

Name:	Date ____/____/____
Position applied for:	

Section 2: Please check all that apply

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Vet Status: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Veteran
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien (and other eligible non-citizens) (A person who is not a citizen or national of the US but who has been admitted as a legal immigrant for the purpose of obtaining permanent resident alien status and holds either an alien registration card, a temporary resident card, or an arrival-departure card or a Section 207 Refugee or Section 208 Asylee status.) <input type="checkbox"/> Nonresident alien (A person who is not a citizen or national of the U.S. and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.)	
If you checked U.S. Citizen or Resident Alien, complete the following.	
Race or Ethnic Identity:	
<input type="checkbox"/> Yes - Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> No - Hispanic or Latino	
If you checked <u>No</u> above, select <u>one</u> or <u>more</u> of the following (as applicable):	
<input type="checkbox"/> Black or African American (All persons having origins in any of the Black racial groups of Africa.) <input type="checkbox"/> White (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.) <input type="checkbox"/> American Indian or Alaska Native (All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.) <input type="checkbox"/> Asian (All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> I do not wish to Self-Identify	
Signature _____	Date _____