



OLIVET NAZARENE UNIVERSITY
SCHOOL OF GRADUATE
AND CONTINUING STUDIES

APPLICATION FOR SCHOOL OF GRADUATE AND CONTINUING STUDIES INSTRUCTOR

INSTRUCTIONS: *Please complete all items as comprehensively as possible. Items that do not apply should be noted "NA" in the appropriate space. Send completed form, along with transcripts, to Olivet Nazarene University, Director of Academic Services, School of Graduate and Continuing Studies, One University Avenue, Bourbonnais, IL 60914-2345.*

GENERAL INFORMATION:

Date: _____

Name: _____

Address: _____

City/State/ZIP: _____

Work Phone: _____ Home Phone: _____

E-mail Address: _____ Social Security Number: _____

Citizenship: _____

EDUCATION (attach official transcripts)

College/University	Honorary Degree	Degree	Major/Concentration
--------------------	-----------------	--------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List professional certifications (CPA, CFP, etc.), academic honors earned, and additional academic preparations not listed above.

WORK EXPERIENCE

Employer (list present employer first)	Date From/To	Job Title
--	--------------	-----------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Summarize your current job responsibilities: _____

List teaching experience you have, including seminars or other work-related instruction:

List professional/community activities:

Examine Olivet's course descriptions carefully and indicate the courses which you are most qualified to teach:

Course Number	Course Title	Your Qualifications
---------------	--------------	---------------------

REFERENCES

List names, mailing addresses, e-mail addresses (where available), and phone numbers of three people (including one employer) to be contacted regarding your educational/professional background.

1. Name _____ Relationship _____

Address _____

City/State/ZIP _____

Phone _____ E-mail Address _____

2. Name _____ Relationship _____

Address _____

City/State/ZIP _____

Phone _____ E-mail Address _____

3. Name _____ Relationship _____

Address _____

City/State/ZIP _____

Phone _____ E-mail Address _____

List the name, mailing address, e-mail address (where available), and phone number of your current pastor to be contacted regarding your Christian background and experience.

Name _____ Church _____

Address _____

City/State/ZIP _____

Phone _____ E-mail Address _____

Olivet Nazarene University

School of Graduate and Continuing Studies

I. Educational Mission

Olivet Nazarene University is a Christian liberal arts institution founded, owned, and operated by the Church of the Nazarene. It is dedicated to make “Education With a Christian Purpose” a reality for both faculty and student.

Therefore, Olivet Nazarene University’s School of Graduate and Continuing Studies programs seek to employ persons who subscribe to its educational mission and whose personal and professional lives reflect:

1. A belief in and commitment to Jesus Christ and the Christian faith as these are interpreted through the historic witness of the Bible and the contemporary ministry of the Holy Spirit.
2. A vitality of Christian experience which is maturing in insight and application and which is appreciative of differing viewpoints.

II. Requirements for Faculty Appointment

1. The appointee must have completed the formal written application, including a list of references and official transcripts.
2. The appointee must have successfully completed Olivet Nazarene University’s faculty assessment process, including demonstrated teaching competence.
3. The appointee must have earned a graduate degree from a regionally accredited institution. It is expected that this degree is in the area in which the applicant wishes to teach.
4. The appointee should be a practitioner in the discipline in which he/she wishes to teach and have significantly responsible experience in the field or related fields. Proficiency might be demonstrated by previous teaching experiences, publication, or formal presentations.
5. The appointee agrees to adhere to the specific policies and procedures of Olivet and to fulfill the requirements of class assignments.

It is recognized that exceptional candidates may not meet all of these requirements. The Director of Academic Services is empowered to take advantage of their exceptional capabilities and appoint them as instructors. It is also recognized that not all faculty will be in complete agreement with the theological tenets of the Church of the Nazarene. However, it is expected that the faculty member be beyond reproach in moral and ethical issues and that he/she will refrain from the use of profanity in the classroom and abstain from the use of alcohol, tobacco, and drugs.

After reading the statement of “Educational Mission” and “Requirements for Faculty Appointment,” I affirm that I am of Christian character and have sincere respect for the doctrines and practices of the Church of the Nazarene. I will conduct myself in harmony with them and be supportive of them while I am an employee. My signature authorizes Olivet Nazarene University to conduct reference checks and confirm the validity of information provided by me. I acknowledge that misrepresentation of information may lead to release from employment by Olivet Nazarene University.

Signature: _____

Date: _____

Olivet Nazarene University complies with federal legislation which prohibits discrimination on the basis of age, race, color, sex, national or ethnic origin, or physical handicap and provides for secure handling of all personal and educational records. No question on this application is intended to secure information to be used for such discrimination.