



Comunidad Educativa Evangélica  
Siguatepeque, Honduras  
Central America  
[www.ceehonduras.org](http://www.ceehonduras.org)

Dear applicant,

Thank you for your interest in Comunidad Educativa Evangélica (CEE), also commonly known as Siguatepeque Bilingual Christian School. Since 1990 our school has been committed to providing bilingual Christian education in Siguatepeque, Honduras and missionary teachers from various countries have played a key role in this ministry from the beginning.

Prior to completing this application, please read through our Pre-arrival Guide (available on our website). This package contains extensive information about our program, which will help you determine whether you may be interested in teaching at our school. Teaching overseas is a challenge, and we are looking for applicants with a strong commitment and desire to serve Christ through teaching. If after reading the Teacher Information Package, you consider yourself a good fit for a position at our school, please complete the enclosed application package in electronic format and then email it as an attachment to Zeida Barahona, English Program Assistant, at [teach@ceehonduras.org](mailto:teach@ceehonduras.org) Please have your references complete the reference forms electronically, and have them email it to the above address. You must have 2 professional references and 1 pastoral reference. Please include a copy of your university/college transcript, as well as any other pertinent teacher certification documents. Please also include a recent Police Check. You may scan these documents and include them as attachments.

### Application Checklist

- Read the CEE Teacher Frequently Asked Questions and CEE Teacher Pre-arrival Guide
- Complete and email application form
- Email scanned copy of University degree and transcript/teacher certification
- Email scanned copy of recent police check
- Email scanned copy of birth certificate and passport
- Email copy of current resume
- Send CEE Pastoral Reference Form to your pastoral reference
- Send 2 CEE Professional Reference Forms to your professional references

Our school is an associate ministry of Latin America Mission Canada. This partnership allows all Canadian and U.S. teachers to raise financial support through an option called the CEE International Teachers' Program (CEE-ITP). This application serves as a joint application for a position at our school, as well as participation in the CEE-ITP. If a teacher accepts a position at our school, they are automatically provided with the option of enrolling in the CEE-ITP, if they desire.

If you have any questions regarding our school or the application process, please feel free to contact us at the above email address. Please also visit our school website at [www.ceehonduras.org](http://www.ceehonduras.org) for further information.

May God bless you as you continue to pursue His direction.

In Christ,

English Program Team  
Comunidad Educativa Evangélica  
Siguatepeque, Honduras  
[www.ceehonduras.org](http://www.ceehonduras.org)

Personal Data				
LAST NAME		FIRST NAME	MIDDLE INITIAL	GENDER F                      M
COUNTRY OF CITIZENSHIP	PASSPORT #	PASSPORT EXPIRATION DATE		PLACE OF ISSUE
CURRENT ADDRESS – NUMBER AND STREET		CITY	PROVINCE/STATE	POSTAL /ZIP CODE
PERMANENT ADDRESS – NUMBER AND STREET		CITY	PROVINCE/STATE	POSTAL /ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS		

Position Sought	
Please check any of the grades/subjects that you are interested in teaching. Also indicate if you are certified to teach the checked grades/subjects.	
<b>EARLY CHILDHOOD EDUCATION (JK/SK)</b> CERTIFIED   YES      NO	<b>GR. 7-11 PHYSICAL EDUCATION</b> CERTIFIED   YES      NO
<b>GR. 1-2 (LANGUAGE, READING, SPELLING)</b> CERTIFIED   YES      NO	<b>GR. 10-11 ENGLISH</b> CERTIFIED   YES      NO
<b>GR. 3-4 (LANGUAGE, READING, SPELLING)</b> CERTIFIED   YES      NO	<b>GR. 10 PSYCHOLOGY</b> CERTIFIED   YES      NO
<b>GR. 5-6 (LANGUAGE, READING, SPELLING)</b> CERTIFIED   YES      NO	<b>GR. 10 PHILOSOPHY</b> CERTIFIED   YES      NO
<b>GR. 1-6 SCIENCE</b> CERTIFIED   YES      NO	<b>GR. 10 ART HISTORY</b> CERTIFIED   YES      NO
<b>GR. 1-6 PHYSICAL EDUCATION</b> CERTIFIED   YES      NO	<b>GR. 11 SYMBOLIC LOGIC</b> CERTIFIED   YES      NO
<b>GR. 7-8 ART</b> CERTIFIED   YES      NO	<b>GR. 11 ART APPRECIATION</b> CERTIFIED   YES      NO
<b>GR. 7-9 HOME ECONOMICS</b> CERTIFIED   YES      NO	<b>GR. 11 HUMAN BIOLOGY</b> CERTIFIED   YES      NO
<b>GR. 7-9 ENGLISH</b> CERTIFIED   YES      NO	<b>GR. 11 HISTORY</b> CERTIFIED   YES      NO
<b>GR. 7-9 SCIENCE</b> CERTIFIED   YES      NO	<b>GR. 11 TECHNICAL DRAWING</b> CERTIFIED   YES      NO

Employment Status		
ARE YOU PRESENTLY UNDER CONTRACT WITH A SCHOOL SYSTEM?	YES	NO
COMMENTS		
ARE YOU UNDER CONTRACT FOR NEXT YEAR?	YES	NO
COMMENTS		
HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN?	YES	NO
COMMENTS		
HAVE YOU EVER LEFT A JOB BEFORE FINISHING YOUR CONTRACT?	YES	NO
IF YOUR ANSWER TO THIS QUESTION IS YES, PLEASE PROVIDE DETAILS.		

Educational Background						
SCHOOLS ATTENDED	LOCATION	FROM Mo/YEAR	TO Mo/YEAR	MAJOR AREAS OF STUDY	GRADUATION Mo/YEAR	DEGREE DIPLOMA CERTIFICATE
HIGH SCHOOL						
UNIVERSITY OR COLLEGE						

A photocopy of your university/college transcripts is acceptable for the evaluation of your application. Final official transcripts may be required for employment.

Language Proficiency		
Please rate yourself in the following areas using the scale provided. A None    B A little    C Well    D Fluent		
LANGUAGE	SPOKEN	WRITTEN
SPANISH		
OTHER		
OTHER		
OTHER		
YEARS OF FORMAL SPANISH STUDY: HIGH SCHOOL		UNIVERSITY

### Teacher Certification

Please list any current or expired professional teaching certifications. If you are not yet certified, include the approximate date you expect to be.

PROVINCIAL/STATE/NATIONAL CERTIFICATION	AREA(S) OF CERTIFICATION	DATE ISSUED	DATE EXPIRED
OTHER PROFESSIONAL LICENSES OR CERTIFICATIONS			

### Teaching/Professional Experience

List professional experiences chronologically, beginning with your most recent. If you have not yet worked as a qualified teacher, please include completed student teaching placements.

NAME OF SCHOOL	SCHOOL ADDRESS AND PHONE NUMBER	NAME OF PRINCIPAL OR SUPERVISOR AND EMAIL	GRADE AND/OR SUBJECT	MONTH/YEAR		FULL TIME OR PART TIME	REASON FOR LEAVING
				FROM	TO		

If you had a break in service, please state reasons:

**Related Work/Volunteer Experience**

List any related work and volunteer experiences chronologically, beginning with your most recent.

EMPLOYER	POSITION	MONTH/YEAR		REASON FOR LEAVING
		FROM	TO	

If you had a break in service, please state reasons:

**Other Certifications**

Please list any other current or expired certifications, including: recreation, administration, management, First Aid, etc.

CERTIFICATION	AREAS OF CERTIFICATION	DATE ISSUED	DATE EXPIRED

## Teacher Narrative Section

As a Christian school in Honduras, we uphold certain Biblical and cultural values. We request you respond to the following questions so we may ensure hiring individuals best suited to fulfilling our educational and spiritual vision.

### Goals and Expectations

1. WHAT ARE YOUR EXPECTATIONS FOR TEACHING IN HONDURAS? PLEASE REFER TO YOUR EXPECTATIONS IN REGARDS TO TEACHING AND LIVING CROSS-CULTURALLY, WORKLOAD, ROLE AS A MISSIONARY TEACHER (DESCRIBED IN THE TEACHER HANDBOOK) AND ANY OTHER RELEVANT EXPECTATIONS YOU MAY HAVE.

2. WHAT ARE YOUR MAIN REASONS FOR APPLYING TO TEACH AT OUR SCHOOL?

3. HOW DID YOU HEAR ABOUT OUR SCHOOL?

### Professional

1. PLEASE OFFER A CONCISE EXPLANATION OF YOUR APPROACH AND PRACTICES REGARDING CLASSROOM MANAGEMENT AND DISCIPLINE.

2. PLEASE BRIEFLY DESCRIBE YOUR TEACHING PHILOSOPHY AND METHODOLOGY.

3. PLEASE OFFER A SHORT EXPLANATION OF HOW YOU WOULD INTEGRATE BIBLICAL TRUTH INTO YOUR CLASSROOM.

4. OUR SCHOOL TAKES VERY SERIOUSLY THE CONTRACT SIGNED BY OUR TEACHERS. PLEASE DESCRIBE ANY CIRCUMSTANCES IN WHICH YOU THINK IT WOULD BE ACCEPTABLE TO BREAK THIS CONTRACT AND LEAVE YOUR POSITION BEFORE THE END OF CONTRACT.

## **Spiritual**

1. PLEASE GIVE A BRIEF TESTIMONY OF YOUR RELATIONSHIP WITH JESUS CHRIST.

2. DESCRIBE YOUR PERSONAL HABITS OF PRAYER AND STUDY OF THE WORD.

3. IN WHAT AREAS OF YOUR LIFE AND CHARACTER IS GOD WORKING RIGHT NOW?

4. PLEASE LIST YOUR CURRENT CHURCH AFFILIATION AS WELL AS ANY OF YOUR CURRENT ROLES OR RESPONSIBILITIES WITHIN YOUR FAITH COMMUNITY. INCLUDE NAME, DENOMINATION AND LOCATION OF THE CHURCH, AS WELL AS HOW LONG YOU HAVE ATTENDED.

5. HOW WOULD YOU EXPLAIN THE GOSPEL MESSAGE? PLEASE USE SCRIPTURE IF POSSIBLE.

6. HOW WOULD YOU DISCIPLE A FRIEND WHO HAS RECENTLY COME TO CHRIST?

## **Personal History**

1. OTHER THAN YOUR INITIAL COMMITMENT TO CHRIST, RELATE BRIEFLY ONE LIFE EXPERIENCE THAT HAS HAD A SIGNIFICANT IMPACT ON YOUR SPIRITUAL LIFE.

2. PLEASE OFFER AN OVERVIEW OF YOUR CURRENT FAMILY SITUATION (SINGLE, MARRIED, DIVORCED, REMARRIED, AGE OF CHILDREN, ETC.). INCLUDE THE FACTORS OR PRINCIPLES THAT HAVE BEEN SIGNIFICANT IN YOUR FAMILY'S LIFE AND SPIRITUAL GROWTH.

Please review the following statement of our doctrine and beliefs and sign below to indicate your agreement. Our school gives preference to candidates from an Evangelical Protestant faith background.

### **Comunidad Educativa Evangélica Doctrinal Statement**

1. We believe in the Triune God: Father, Son and Holy Spirit, three persons, one God.
2. We believe in God the Creator.
3. We believe in Jesus Christ, the only Saviour, who died for our sins and rose again to give us the grace to inherit eternal life.
4. We believe in the Holy Spirit who indwells believers and guides and comforts us until the return of Jesus Christ.
5. We believe that the Bible is the inspired Word of God. Therefore, it is inerrant and infallible in all areas it addresses.

I affirm that I am in full agreement with the doctrinal statement of Comunidad Educativa Evangélica.

\_\_\_\_\_  
Signature or Printed Name

\_\_\_\_\_  
Date

### **Latin America Mission Canada Statement of Faith**

1. We believe in one God, creator, and sustainer of the universe, who eternally exists in three persons: Father, Son, and Holy Spirit.
2. We believe in the Deity of the Lord Jesus Christ, His virgin birth, sinless life, redemptive death, bodily resurrection, present exaltation at God's right hand, and the blessed hope of His personal return.
3. We believe in the Deity and Personality of the Holy Spirit, who works in all people to bring them salvation through Christ and who dwells in believers, equipping them for lives of holiness and fruitful service.
4. We believe the Bible to be the divinely inspired, and authoritative written Word of God, the only infallible rule of faith and practice.
5. We believe that all have sinned and therefore are guilty before God and are under his condemnation.
6. We believe that through the death of His Son, Jesus Christ, God in love provided an atonement for sin, so that, through repentance and saving faith in Christ, every man, woman and child is delivered from the judgment of God and is born again into life eternal.
7. We believe that the Church is composed of all true believers and that the mission of the Church, with Christ as its Head, is to communicate the Gospel of Christ to all the World
8. We believe in the resurrection of the body, the eternal punishment of unbelievers and the everlasting blessedness of believers in the presence of Christ.

I hereby declare that I am in full conformity with the above statement of faith.

\_\_\_\_\_  
Signature or Printed Name

\_\_\_\_\_  
Date

If applicable, please note any comments or areas of disagreement you have with the above statements.



## Additional Issues

**EXTRA-CURRICULAR:** PLEASE LIST ANY INTEREST OR EXPERIENCE IN THE AREA OF EXTRA-CURRICULAR ACTIVITIES.

**CROSS-CULTURAL EXPERIENCE:** PLEASE INDICATE ANY TRIPS OUTSIDE OF THE COUNTRY WHERE YOU WERE BORN. PLEASE INCLUDE COUNTRY VISITED, APPROXIMATE DATES AND LENGTH OF STAY AND PURPOSE OF YOUR TRIP.

**BIBLE INSTRUCTION:** PLEASE PROVIDE ANY INFORMATION RELATED TO YOUR ABILITY, EDUCATION, EXPERIENCE OR INTEREST IN TEACHING BIBLE AS PART OF THE CURRICULUM.

**LIFESTYLE ISSUES:** PLEASE COMMENT ON YOUR PERSONAL VIEWPOINT AND PRACTICES REGARDING THE USE OF TOBACCO, ALCOHOL AND PERSONAL ENTERTAINMENT. ALSO, PLEASE PROVIDE ANY LIFESTYLE ISSUES (PAST OR PRESENT) THAT YOU FEEL WOULD BE IMPORTANT FOR THE SCHOOL TO HAVE INFORMATION REGARDING.

**HOUSING:** THE SCHOOL OFFERS THESE OPTIONS FOR HOUSING: LIVE WITH A HONDURAN FAMILY OR LIVE IN AN APARTMENT SHARED WITH OTHER TEACHERS. PLEASE INDICATE ANY CONCERNS OR CONSIDERATIONS REGARDING THESE LIVING ARRANGEMENTS.

**TERM OF SERVICE:** PLEASE COMMENT ON YOUR INTENDED TERM OF SERVICE, IF HIRED (IE. 1 YEAR, 2 YEARS, LONG-TERM, ETC.) ALSO INCLUDE YOUR THOUGHTS CONCERNING LIFE-CAREER IN MISSIONS.

**GIFTS & ABILITIES:** WHAT OTHER SKILLS AND INTERESTS DO YOU HAVE THAT YOU COULD CONTRIBUTE TO SCHOOL, WHETHER IN CLASS OR OUT OF CLASS?

### References

Please provide 2 professional references (school administrators, university/college professors, associate/supervising teachers, etc.) and one pastoral reference. You must also have your references complete the enclosed reference forms and email the forms directly to [teach@ceehonduras.org](mailto:teach@ceehonduras.org)

NAME	TITLE	POSTAL ADDRESS	PHONE # AND EMAIL ADDRESS
PROFESSIONAL			
PROFESSIONAL			
PASTORAL			

**DO WE HAVE PERMISSION TO CONTACT THE ABOVE REFERENCES?**      YES                  NO

**COMMENTS:**

### Professional and Personal Background Information

**1. HAVE YOU EVER HAD A PROFESSIONAL/TEACHING CERTIFICATE REVOKED OR SUSPENDED?**

Yes                  No

**2. DO YOU KNOW OF ANY REASON WHY YOU SHOULD NOT BE EMPLOYED IN A CAPACITY WITH WHICH YOU WILL WORK WITH CHILDREN?**

Yes                  No

**3. DO YOU HAVE ANY HEALTH RELATED LIMITATIONS WHICH COULD AFFECT YOUR ABILITY TO WORK AS A TEACHER?**

Yes                  No

**4. HAVE YOU EVER BEEN INVESTIGATED, DISMISSED, SUSPENDED OR DISCIPLINED BY AN EMPLOYER?**

Yes                  No

**5. HAVE YOU EVER BEEN CONVICTED OF A CRIME?**

Yes                  No

Please include a police background check when you are submitting your application.

## MEDICAL HEALTH FORM

Personal Data			
LAST NAME		FIRST NAME	
AGE	BIRTH DATE	HEIGHT	WEIGHT

Emergency Contact 1		
LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT
HOME PHONE	CELL OR WORK PHONE	EMAIL ADDRESS

Emergency Contact 2		
LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT
HOME PHONE	CELL OR WORK PHONE	EMAIL ADDRESS

Medical History		
Please include dates where applicable.		
PLEASE DESCRIBE YOUR GENERAL HEALTH: VIGOROUS                      GOOD                      FAIR                      POOR		
DATE OF YOUR LAST PHYSICAL:		
ALLERGIES		
MEDICATIONS:		
FOOD:		
POLLEN:		
ANIMAL:		
OTHER:		
FRACTURES AND/OR SEVERE INJURIES		
HOSPITALIZATIONS/SURGERIES		
VACCINATIONS (PLEASE INCLUDE DATES)		
HEPATITIS A	HEPATITIS B	OTHER
TETANUS	MEASLES, MUMPS, RUBELLA	

<b>DISEASES (PLEASE CHECK ANY THAT APPLY AND NOTE ANY COMPLICATIONS BELOW)</b>			
MEASLES	TUBERCULOSIS	TYPHOID	WHOOPING COUGH
MUMPS	SCARLET FEVER	PNEUMONIA	DIPHTHERIA
MALARIA	CHICKEN POX	HEPATITIS	RHEUMATIC FEVER
DENGUE	DIABETES	HEART DISEASE	OTHER
COMPLICATIONS			
<b>MEDICAL PROBLEMS (PLEASE CHECK ANY THAT APPLY AND EXPLAIN BELOW)</b>			
HEADACHES	SORE THROAT	CRAMPS	ARTHRITIS
DIZZINESS	HAY FEVER	DIARRHEA	BACK TROUBLE
FAINTING	ASTHMA	HEMORRHOIDS	HEART CONDITION
BLACKOUTS	COUGH	URINARY	HEART MURMUR
NERVOUSNESS	RESPIRATORY	MENSTRUAL	HIGH BLOOD PRESSURE
VISION	HEARTBURN	SKIN	CONVULSIONS/SEIZURES
HEARING	ULCERS	JOINTS	OTHER
EXPLANATIONS			
<b>HAVE YOU EVER RECEIVED PSYCHOLOGICAL/PSYCHIATRIC CONSULTATION OR THERAPY OR BEEN DIAGNOSED WITH OR TREATED FOR ANY MENTAL HEALTH ISSUE (IE. DEPRESSION, BIPOLAR DISORDER, ETC.)?</b>			
YES                      NO			
IF YES, PLEASE EXPLAIN.			
<b>HAVE YOU EVER RECEIVED ANY PASTORAL COUNSELING?</b> YES                      NO			
IF YES, PLEASE EXPLAIN INCLUDING REASON, LENGTH AND NATURE OF COUNSELING.			
<b>CONDITIONS FOR WHICH YOU ARE RECEIVING REGULAR TREATMENT (LIST CONDITIONS AND TREATMENT)</b>			
<b>MEDICATIONS USED ON A REGULAR BASIS</b>			
<b>SPECIAL DIETARY REQUIREMENTS</b>			
<b>PHYSICAL DISABILITIES OR LIMITATIONS</b>			
<b>USE OF ANY OF THE FOLLOWING</b>			
TOBACCO   YES      NO                      ALCOHOL   YES      NO                      MIND-ALTERING DRUGS   YES      NO			

We strongly encourage you to purchase comprehensive health insurance plan for the period of time you are participating, working or traveling in conjunction with Comunidad Educativa Evangélica. Emergency evacuation and flights to your home country should be part of this plan for any complicated conditions that may arise. You are responsible for the purchase of said insurance. The school does provide basic health care at our local hospital, but we do recommend that you are still be covered by comprehensive health insurance.

<b>ARE YOU COVERED BY HEALTH INSURANCE?</b>	<b>YES</b>	<b>NO</b>
<b>NAME OF HEALTH INSURANCE COMPANY</b>		
<b>CONTACT PHONE NUMBER</b>	<b>POLICY NUMBER</b>	
<b>DOES YOUR INSURANCE COVER YOU WHILE OUTSIDE OF YOUR HOME COUNTRY?</b>	<b>YES</b>	<b>NO</b>
<b>DOES YOUR INSURANCE COVER EMERGENCY EVACUATION AND FLIGHTS?</b>	<b>YES</b>	<b>NO</b>

**Comunidad Educativa Evangelica Waiver**

I understand that Comunidad Educativa Evangélica hopes to provide an excellent teaching placement but that many situations fall outside their control. As a Christian I accept that any venture of this kind involves trust in God. I have considered the potential risks to my safety involved and have chosen to accept a placement with the Comunidad Educativa Evangélica. I recognise that Comunidad Educativa Evangélica will do all it can to help me, but I cannot hold it responsible for accident, injury or sickness during my placement.

In being accepted to teach at Comunidad Educativa Evangélica and the activities associated with this program, I assume responsibility for my actions. I release Comunidad Educativa Evangélica, the Board of Directors and the staff from liability, loss, injury or damage to myself or my property. Nothing contained herein shall excuse Comunidad Educativa Evangélica, its Board of Directors or the staff from responsibility to act with reasonable care for the safety of myself or my property.

I hereby release Comunidad Educativa Evangélica, the Board of Directors and the staff from responsibility and liability for any injury or illness that I may sustain during this position.

In the event of an emergency, I hereby authorize an adult from the Comunidad Educativa Evangélica as an agent for me, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis; X-ray examination; treatment including surgery, and hospital care for me if needed, and if advised and supervised by a licensed physician, surgeon or dentist. I understand that I am responsible for all costs associated with such treatment and care.

I hereby affirm and acknowledge, by signing below, that the answers given by me and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misinterpretations of facts called for in this application may result in rejection of my application, or discharge at any time from Comunidad Educativa Evangélica.

\_\_\_\_\_  
Signature or Printed Name

\_\_\_\_\_  
Date

### Latin America Mission Canada Waiver

In being accepted and allowed to participate, I assume responsibility for my actions. I release Latin America Mission and Latin America Mission (Canada) Inc. jointly and severally (hereafter LAM), its trustees, employees, missionaries or agents from liability, loss, injury or damage to myself or my property. Nothing contained herein shall excuse the LAM, its trustees, employees, missionaries, or agents from responsibility to act with reasonable care for the safety of myself or my property.

I hereby release the LAM, it's staff, trustees, employees, missionaries, agents or sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity.

In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with the LAM), as an agent of me, to consent on my behalf to medical treatment. In this regard I consent to allow said adult to authorize medical, dental or surgical diagnosis; X-ray examination; treatment including surgery, and hospital care for me if needed, and if advised and supervised by a licensed physician, surgeon or dentist.

\_\_\_\_\_  
Signature or Printed Name

\_\_\_\_\_  
Date

I hereby affirm and acknowledge, by signing below, that I have read over the CEE Teacher FAQs and CEE Teacher Pre-Arrival Guide in its entirety. I understand that I will be held accountable to uphold the expectations of the school and follow the rules that are set in place.

\_\_\_\_\_  
Signature or Printed Name

\_\_\_\_\_  
Date

I hereby affirm and acknowledge, by signing below, that the answers given by me and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misinterpretations of facts called for in this application may result in rejection of my application, or discharge at any time.

\_\_\_\_\_  
Signature or Printed Name

\_\_\_\_\_  
Date

Please complete this application in electronic format and email as an attachment to the English Program Assistant at [teach@ceehonduras.org](mailto:teach@ceehonduras.org). If you have any questions, please contact the English Program Assistant at the above address.