



LEGACY

PREPARATORY CHRISTIAN ACADEMY

A University-Model School in South Montgomery County
5150 FM 1488 Magnolia, Tx 77354

APPLICATION FOR EMPLOYMENT

Check all Applicable: Licensed Degree Non-Licensed Certification Substitute

Type of License/Degrees/Certifications:

Areas of Interest:

Early Childhood (K-2) Elementary Teacher (3-6) Middle Teacher (7-8) High School Teacher (9-12)
Special Skills: Subject Areas: Subject Areas: Subject Areas:

Date available:

PERSONAL INFORMATION

Name (Last, First, Middle Initial)

Previous names under which you have worked or attended school

Current Address (number, street, city, state, zip)

Phone numbers

Home () -

Cell () -

Email Address

Can you provide proof that you are at least 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No

If presently employed, may we inquire of your present employer? (If no, explain on reverse) Yes No

Emergency Contact

Name: Phone:

Church Membership Name of Pastor Church Phone

May we contact your pastor for a reference? Yes No

Have you ever been convicted of a crime (other than a minor traffic offense, including speeding or parking violations)? Convicted means you were declared guilty by a judge or jury - or you pled guilty in court. A conviction may have taken place even if you did not pay a fine or spend time in prison. Answering yes to this question will not automatically disqualify you from employment. Legacy Preparatory Christian Academy reserves the right to make a criminal background check. Yes No

If yes, please explain:

Have you ever been terminated, or asked to resign by a former employer? Yes No

If yes, please explain:

Work Preference Full Time Part Time Substitute

PERSONAL REFERENCES

| | | | | | |
|------|--|--------------|--|-------|--|
| Name | | Relationship | | Phone | |
| Name | | Relationship | | Phone | |
| Name | | Relationship | | Phone | |

EDUCATION

| Degrees/Diplomas held | Name & Location of School | Major | Minor | GPA |
|-----------------------|---------------------------|-------|-------|-----|
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*Certified copies of transcripts required upon employment.

CERTIFICATION/LICENSES

List subjects/grades you are qualified to teach in order of preference.

| Certification or License | State | Date Issued | Expiration Date | Number | Grade Level/Subject |
|--------------------------|-------|-------------|-----------------|--------|---------------------|
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ELECTIVES

List areas of experience or expertise in which you are willing to teach:

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|--|--|--|--|--|--|
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If you do not have a degree in teaching, please describe in detail on a separate sheet of paper what experiences, additional training, or credit hours post-high school you have acquired that qualify you.

EMPLOYMENT HISTORY

Please begin with your present or most recent employer - or attach a current resume.

| | | | | | |
|---|--|--|----------------------|-------|-----|
| Company | | Job Title | | | |
| Street Address | | City | | State | Zip |
| Office Phone: () - | | Dates Employed | | | |
| Fax: () - | | From: | | To: | |
| Description of duties: | | | | | |
| Supervisor's Name: | | Department: | | | |
| Did you have a different name while working here? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list: | | |
| Reason for leaving: | | | | | |
| Company | | Job Title | | | |
| Street Address | | City | | State | Zip |
| Office Phone: () - | | Dates Employed | | | |

| | | | | | |
|---|--|-------|----------------|--|----------------|
| Fax: () - | | From: | | To: | |
| Description of duties: | | | | | |
| Supervisor's Name: | | | Department: | | |
| Did you have a different name while working here? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list: | | | | | |
| Reason for leaving: | | | | | |
| EMPLOYMENT HISTORY - continued | | | | | |
| Company | | | Job Title | | |
| Street Address | | | City | | State Zip |
| Office Phone: () - | | | Dates Employed | | |
| Fax: () - | | | From: | | To: |
| Description of duties: | | | | | |
| Supervisor's Name: | | | Department: | | |
| Did you have a different name while working here? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list: | | | | | |
| Reason for leaving: | | | | | |
| Company | | | Job Title | | |
| Street Address | | | City | | State Zip |
| Office Phone: () - | | | Dates Employed | | |
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| Supervisor's Name: | | | Department: | | |
| Did you have a different name while working here? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list: | | | | | |
| Reason for leaving: | | | | | |
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| Supervisor's Name: | | | Department: | | |
| Did you have a different name while working here? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list: | | | | | |
| Reason for leaving: | | | | | |