



LEGACY

CHRISTIAN ACADEMY

TEACHER APPLICATION

Administrator's Use Only: Date Received _____

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	
Street Address:		Apt. #:	
City:	State:	Zip Code:	
Home Phone:	Cell:	Email:	
Birth Place:	Social Security #:	Desired Salary:	
Position you are applying for:			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> <i>(If divorced, please include a letter of explanation.)</i>			
Name of Spouse:			
Child(ren)'s Name(s):		Age(s):	
Do your children attend LCA? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please explain:			
Who should we contact in case of an emergency?		Condition of Health:	
Name:	Phone:	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
Physical disabilities, if any:			
Have you personal assurance that Christ is your Lord and Savior? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(Please attach a letter of testimony as well as your philosophy on education.)</i>			
Where is your church membership?			
Are you actively engaged in Christian work? YES <input type="checkbox"/> NO <input type="checkbox"/>		Position:	
EDUCATION			
•High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>	
•College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
•Major:		Minor:	
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
What valid teaching or administrative credentials do you hold?			

EMPLOYMENT HISTORY		
•Current Employer:	From:	To:
Address:		
City:	State:	Zip Code:
Reason for leaving:		
May we contact your employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
•Previous Employer:	From:	To:
Address:		
City:	State:	Zip Code:
Reason for leaving:		
May we contact your previous employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
•Previous Employer:	From:	To:
Address:		
City:	State:	Zip Code:
Reason for leaving:		
May we contact your previous employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
RESIDENCE HISTORY		
•Current Residence:	From:	To:
Address:		
City:	State:	Zip Code:
•Previous Residence:	From:	To:
Address:		
City:	State:	Zip Code:
Reason for moving:		
•Previous Residence:	From:	To:
Address:		
City:	State:	Zip Code:
Reason for moving:		
•Previous Residence:	From:	To:
Address:		
City:	State:	Zip Code:
Reason for moving:		

Disclaimer: Submitting a resume and/or application does not guarantee your employment at LCA. A School Administrator will contact you if an interview is being requested. **Thank you for your submission.**

◆ Legacy Christian Academy ◆ P.O. Box 1326 ◆ 5933 Valley Pike ◆ Stephens City ◆ VA ◆ 22655
 ◆ www.LegacyChristian-Academy.com ◆