



# LEGACY CHRISTIAN ACADEMY

## SUBSTITUTE / PART-TIME 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 statement of faith/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:	

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.**

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 ◆ www.LegacyChristian-Academy.com ◆