



# 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"/><br><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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