



LEGACY CHRISTIAN ACADEMY

NON-INSTRUCTIONAL 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 ◆