



A University-Model School
9768 Research Forest Drive
The Woodlands, TX 77354
Phone: 936-337-2000
Fax: 936-755-1797

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name (Last, First, Middle Initial): _____

Previous names under which you have worked or attended school: _____

Current Address (Number, Street, City, State, Zip): _____

Home phone number: _____

Cell number: _____

Email address: _____

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

If presently employed, may we inquire of your present employer? Yes No

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

If presently employed, may we inquire of your present employer? Yes No

Emergency Contact:

Name: _____

Phone: _____

Church Membership:

Name of Pastor: _____

Phone: _____

May we contact your pastor for a reference? Yes No

Have you ever been convicted of a crime? (other than 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

1. NAME: _____
RELATIONSHIP: _____
PHONE: _____

2. NAME: _____
RELATIONSHIP: _____
PHONE: _____

3. NAME: _____
RELATIONSHIP: _____
PHONE: _____

EDUCATION

License/Degree/Certificate

Check all Applicable:

- () Licensed Degree (Please List type): _____
- () Non-Licensed Certification (Please List type): _____
- () Substitute (Please List type): _____

Areas of Interest

Check all Applicable:

- () Early Childhood (K-2) - List any special skills: _____
- () Elementary Teacher (3-6) - List any subject areas: _____
- () Middle Teacher (7-8) - List any subject areas: _____
- () High School Teacher (9-12) - List any subject ares: _____

Dates Available: _____

Degree/Diploma

1. Type of Degree/Diploma: _____
Major: _____
Minor: _____
GPA: _____
2. Type of Degree/Diploma: _____
Name & Location of school: _____
Major: _____
Minor: _____
GPA: _____
3. Type of Degree/Diploma: _____
Name & Location of school: _____
Major: _____
Minor: _____
GPA: _____

*** Certified copies of transcripts required upon employment.**

Certification/Licences

1. Certification/License: _____
State of Certificate/License: _____
Date Issued: _____
Expiration Date: _____
2. Certification/License: _____
State of Certificate/License: _____
Date Issued: _____
Expiration Date: _____
3. Certification/License: _____
State of Certificate/License: _____
Date Issued: _____
Expiration Date: _____

Electives

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

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. (*See Attached*)

EMPLOYMENT HISTORY

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

1. Company Name: _____ Job Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____
Dates Employed: _____ to _____
Description of Duties: _____

Supervisor's Name: _____ Department: _____
Did you have a different name while working here? () Yes () No
If yes, please list: _____
Reason for leaving: _____

2. Company Name: _____ Job Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____
Dates Employed: _____ to _____
Description of Duties: _____

Supervisor's Name: _____ Department: _____
Did you have a different name while working here? () Yes () No
If yes, please list: _____
Reason for leaving: _____

3. Company Name: _____ Job Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax: _____
Dates Employed: _____ to _____
Description of Duties: _____

Supervisor's Name: _____ Department: _____
Did you have a different name while working here? () Yes () No
If yes, please list: _____
Reason for leaving: _____

Extra paper: