



LEGACY ACADEMY TEACHING APPLICATION

Date of Application: _____

LEGACY
ACADEMY

Position Applying For: _____

(Last Name)

(First Name)

(Middle Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers

Home: _____

Work: _____

Email Address: _____

PERSONAL DATA

Social Security Number: _____

Marital Status: _____ Spouse's Name/Occupation: _____

EDUCATION

HIGH SCHOOL

| Name of High School | Location |
|---------------------|----------|
| | |
| | |

UNDERGRADUATE

| Name of College or University | Location | Date of Graduation | Degree |
|-------------------------------|----------|--------------------|--------|
| | | | |
| | | | |

GRADUATE TRAINING

| Name of College or University | Location | Date of Graduation | Degree |
|-------------------------------|----------|--------------------|--------|
| | | | |
| | | | |

PROFESSIONAL EXPERIENCE

| Years | Position | School | Grade/Subject | Annual Salary |
|-------|----------|--------|---------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever failed to be re-employed? _____ Yes _____ No

If yes, indicate where and please state reason _____

Have you ever been convicted of a felony or a misdemeanor? _____ Yes _____ No

If yes, please explain _____

CERTIFICATION

Do you hold teaching certification: _____ Yes _____ No

State of Certification: _____ Certificate type: _____

REFERENCES (Please do not list family members or relatives as references)**PERSONAL REFERENCES**

1. Name: _____ Phone: _____ Email: _____

2. Name: _____ Phone: _____ Email: _____

PROFESSIONAL REFERENCES

1. Name: _____ Position: _____ Phone: _____

Email: _____

2. Name: _____ Position: _____ Phone: _____

Email: _____

3. Name: _____ Position: _____ Phone: _____

Email: _____

Church Affiliation/Membership: _____

Please briefly share your personal testimony:

APPLICANT CERTIFICATION AND AGREEMENT

“I hereby certify that the facts set forth in this application and accompanying resumé are true and complete to the best of my knowledge and belief. I understand that discovery of falsification of any statement or a significant omission of fact may prevent my being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under such circumstances, I further understand that I will be paid and receive benefits only through the day of release.

“I authorize Legacy to contact my references regarding my testimony, work history, performance evaluations, my educational preparation and other matters related to my suitability for employment at Legacy Academy.

“I authorize my references and my former employers to disclose to Legacy Academy any and all employment records, performance evaluations, letters, reports and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release Legacy Academy, my references, my former employers and all other parties from any and all claims, demands or liabilities that arise out of, or are in any way related to, such investigation or disclosure. I waive the right to view personally any references given to the Academy.

Applicant’s signature: _____

Notice of Non-Discriminatory Policy

Legacy Academy is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to race, color, sex, age, national origin, citizenship status, disability, or any other protected characteristic as established by federal, state, and local law, unless it is required as a bona fide occupational qualification or a particular status protected by federal, state, or local law contradicts the deeply held religious convictions of the School.

Please return completed application to:

Dr. Tim Taylor, Headmaster
Legacy Academy
400 S. Sunshine Street
Branson, MO 65616
ttaylor@legacybranson.com