

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Level for which applying:



# Legacy Academy

## Teacher Application

Post Office Box 409 De Queen, Arkansas 71832, (870)642-8937 [www.legacyacademyonline.com](http://www.legacyacademyonline.com)

Please print or type and return to the office at The Legacy Center, 321 Gilson Avenue, downtown De Queen. This application can also be emailed to [Information@LegacyAcademyOnline.com](mailto:Information@LegacyAcademyOnline.com) or mailed to the PO Box listed above.

### I. PERSONAL INFORMATION:

Applicant's Name \_\_\_\_\_

Last

First

Middle

First Name Used \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### II. EMPLOYMENT HISTORY

Place of Employment \_\_\_\_\_ Date of Employment \_\_\_\_\_

Position(s) Held \_\_\_\_\_ Contact # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Place of Employment \_\_\_\_\_ Date of Employment \_\_\_\_\_

Position(s) Held \_\_\_\_\_ Contact # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Place of Employment \_\_\_\_\_ Date of Employment \_\_\_\_\_

Position(s) Held \_\_\_\_\_ Contact # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

### III. EDUCATION HISTORY

Please check your highest education level reached:

High School Degree  some college  Bachelor's Degree  Master's Degree  Doctorate

Do you have a teaching certification? (not required for employment)  yes  no

Please give your educational background including schools attended and degrees received:

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**IV. PERSONAL NARRATIVE**

Why do you want to work at Legacy Academy?

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Describe your Work Ethic:

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Are you familiar with the Classical Education Approach? (If yes, please discuss your thoughts and experiences)

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Describe your relationship with Jesus Christ & your beliefs regarding the Christian Faith:

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Please sign below to indicate that all information entered in this document is true and accurate to the best of your knowledge. Your signature will also indicate that you have an understanding of, and agreement with, the Core Beliefs and philosophy of Legacy Academy, that you agree to abide by the Legacy Academy Code of Conduct, and your willingness to cooperate in educating Legacy Academy students in accordance with the Christian perspectives found in the Legacy Academy guiding documents.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_