

Last Name: _____

First Name: _____

Male _____ Female _____

Interested in Grade Levels:

- Elementary
- Middle
- Upper
- All of the above



Legacy Academy

Teacher Application

314 W Gilson Ave. De Queen, Arkansas 71832, (870) 642-8937 www.legacyacademyonline.com

Please print or type and return to the office at The Legacy Center, 314 W Gilson Avenue, downtown De Queen. This application can also be emailed to academy@legacymail.org or mailed to the address 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: _____

Email Address: _____

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:

IV. PERSONAL NARRATIVE

Why do you want to work at Legacy Academy?

Describe your Work Ethic:

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

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

Please sign below to indicate that all information entered in this document is true and accurate to the best of your knowledge.

Signature of Applicant _____ Date _____