

Teacher Application Form

ADVENT EPISCOPAL SCHOOL 2019 Sixth Avenue North, Birmingham, Alabama 35203 (205) 252-2535

INSTRUCTIONS

Please complete the entire application.

PERSONAL INFORMATION				
Date:				
Name:				
First	Middle		Last	
Preferred Name:				
Place of Birth:	Sex:	-		
Driver's License Number and State:		Date of Issue:		
Married?: Yes No Div	orced Separa	ted		
Maiden Name:				
Spouse's Full Name:		Middle		
First	First			Last
Spouse's Employer:				
Are you 18 years old or older?	Yes No			
Are you legally authorized to work in the U.S.?	Yes No			
Employment type (Check all that apply):	Full-time Part-	time 🗌 Substi	tute	
CHILDREN				
	 Birthdate	 Age	Current Sc	hool
		95		
Name	Birthdate	 Age	Current School	
Name	Birthdate	Age	Current School	
CONTACT INFORMATION				
Present Address:	City:		State:	Zip:
Permanent Address:	City: _		State:	Zip:
Email Address:				
Home Telephone:	Cell Phone:			

Advent Episcopal School serves a talented and diverse student body and offers its programs and employment to qualified individuals regardless of race, gender, national origin, or ethnicity.

EDUCATION

At the proper stage, transcripts of all college and post-graduate work will be required.

High School:		Н	ligh School Graduation Year:	
COLLEGE or UNIVERSITY	/ <u>Y</u> E	EARS ATTENDE	D GRAD. DATE DI	EGREE
lajor Subject:		_ Minor Subj	ect:	
ollege Honors Received:				
dditional programs of study:				
ofessional Organizations- List those in wl	hich you hold membersl	hips:		
/hat Professional Publications do you read	d on a regular basis?			
,				
EXPERIENCE				
mployer:	From:	To:	Subjects/Position:	
ddress:			No. of Years: Grades Taugl	nt:
mployer:	From:	To:	Subjects/Position:	
ddress:			No. of Years: Grades Taugl	ht:
mployer:	From:	To:	Subjects/Position:	
ddress:				
mployer:				
ddress:				
mployer:				
address:				ıt
re you currently employed? Yes				
Which Grade and Subject do you prefer? _				
Your Last Monthly Salary:		Your La	ast Annual Salary:	

CHURCH	
Member of which church:	Are you active? ☐ Yes ☐ No ☐ Somewhat
Spouse's Membership	Are they active?
GENERAL	
Please list any Special Talents and Interests:	
f appointed, when would you be available?	
Do you have any health problems that might interfere with your ability to work?	
Have you ever been convicted of a criminal offense?	s 🗌 No
Please list three educators or others who know of your work, including your current of	employer or principal:
Current Employer (Principal)	Position:
Address:	Phone Number:
Reference Name:	Position:
Address:	
Reference Name:	Position:
Address:	
In good faith, I certify that the statements made by me on this application best of my knowledge and belief, and understand that, if employed, falsinterview, including but not limited to failure to reveal prior employment dismissal.	sified statements on this application or in an
I authorize investigation of all statements contained herein and the reference you any and all information concerning my previous employment have, and release all parties from all liability for any damage that may	and any pertinent information they may
I understand and agree that if hired, my employment is "at-will" for no date of payment of my wages/salary, be terminated at any time with or	

Date

Signature of Applicant