



Where learning is fundamental and character is taught by word and example.

Office Use Only

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

## Application for Employment

*Applicants are considered for employment without regard to age, race, gender, color, disability, ancestry or national origin.  
Information provided will remain confidential.*

### Position and Work Hours Desired

**Position:**

- ☐ Headmaster  
☐ Director  
☐ Administrative Assistant  
☐ Cook  
☐ Teacher  
☐ Infants (age 3-12 months)  
☐ Wobblers (age 12-18 months)  
☐ Toddlers (age 18-24 months)  
☐ Beginners (age 2-3)  
☐ Intermediates (age 3-4)  
☐ Advanced (age 4-5)  
☐ Floater / Substitute

**Work Hours Desired:**

- ☐ Full-Time  
☐ Part-Time

**Availability for Work:**

Center Hours: 6:30AM - 6:00PM

MON: \_\_\_\_ AM—\_\_\_\_ PM  
TUE: \_\_\_\_ AM—\_\_\_\_ PM  
WED: \_\_\_\_ AM—\_\_\_\_ PM  
THU: \_\_\_\_ AM—\_\_\_\_ PM  
FRI: \_\_\_\_ AM—\_\_\_\_ PM

### Personal Data

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

☐ Single ☐ Married ☐ Widowed ☐ Divorced

Spouse's/Emergency Contact Name & Phone #: \_\_\_\_\_

First and Last Name of Children/Age:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime (excluding minor traffic offenses)? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

## Education

School	Name/Location	Area of Study	Years Completed	Graduated	Degree/Diploma
High School					
College					
Other					

## Licenses/Certifications: (please attach photocopies)

Tennessee State License: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ In Process      Other State Teacher License: \_\_\_\_

Type of License: \_\_\_\_ Expiration Date: \_\_\_\_ Endorsements: \_\_\_\_

Other Licenses/certification/training: \_\_\_\_

## Teaching Experience

### Professional

School Name: \_\_\_\_

Address: \_\_\_\_

Grades/Subjects Taught: \_\_\_\_

Tenure: \_\_\_\_

School Name: \_\_\_\_

Address: \_\_\_\_

Grades/Subjects Taught: \_\_\_\_

Tenure: \_\_\_\_

TOTAL Years Teaching Experience: \_\_\_\_ Private Christian Schools \_\_\_\_ Public Schools

### Other (could include Sunday school, Mother's Day Out, Daycare, etc.)

Name: \_\_\_\_ City/State: \_\_\_\_

Age/Subjects Taught: \_\_\_\_ Length of Teaching Experience: \_\_\_\_

Name: \_\_\_\_ City/State: \_\_\_\_

Age/Subjects Taught: \_\_\_\_ Length of Teaching Experience: \_\_\_\_

Why do you desire to teach at The Summit Preparatory Academy? \_\_\_\_

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## Work Experience

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Term of Service: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Term of Service: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Term of Service: \_\_\_\_\_ to \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**Other Skills and Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please list three references outside of family relationships:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_



## Verification and Authorizations

### Verification as to Accuracy of Information

I certify that the information provided on this application is accurate. I understand that any misstatement of material facts will be grounds for disqualification from further consideration in the selection process, or if hired, will be grounds for discharge.

### Authority to Conduct Reference Check

I understand that consideration for employment at The Summit Preparatory Academy (TSPA) is contingent upon the results of a reference check. I authorize TSPA to investigate any statements made on the application and to contact former employers and references. I also authorize contacted persons to respond to questions.

### Authority to Verify Educational and Professional Licenses

I authorize TSPA to verify the educational and professional license information provided on the application. I consent to the release of such information by any educational institution or professional licensing agency listed by me and release such educational institution, professional licensing agency and TSPA from any liability under the Family Educational Rights and Privacy Act or any other state or federal law or regulation.

### Authority to Obtain and Verify Personal Record Information from the Department of Motor Vehicles

I authorize TSPA to obtain and verify personal record information from the Department of Motor Vehicles (DMV) and release TSPA and DMV from any liability under the Driver's Privacy Protection Act of 1994 or any other state or federal law or regulation.

### Authority to Obtain Criminal History Background Check

I authorize TSPA to obtain criminal history information or a national criminal history background check as a condition of employment. I agree to provide a set of fingerprints and pay all fees required for the national criminal history background check and release TSPA and any third party providing such information from any and all liability with regard to the provision of such information or TSPA's use of the same.

Printed (Legal Name) \_\_\_\_\_

Signature (Legal Name) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

