

2018 Teacher Application and Information

Return this application to: Angela Carbone
362 N. Martin Luther King Blvd.
Lexington, KY 40508
E-mail ACarbone@LASCLEX.org
Phone (859)252-5222



*** Must be included and current**

Date _____

*Name _____ *Birth date _____

*Address _____ *Zip _____

*Phone # Home _____ Other _____

*E-mail address _____ SS# _____
(for a background check.)

Emergency contact: _____ Phone _____

Are you currently employed? ___yes ___no If Yes, list employer: _____

PLEASE LIST AND DISCUSS IN DETAIL: (use another page if necessary)

1. Teaching areas and age levels with which you feel most competent.

2. Places and Dates of your past experience with above activities: education, employment, personal experience, etc. Please attach an updated resume as well.

3. Days and hours (Mon. – Sat.) or Tuesday and/or Thursday evenings when you are available for possible teaching assignments.

4. Professional Reference (not a relative) Name: _____

Email: _____ Address: _____

Phone: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, or educational history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interviews may result in discharge.

*Signature _____ *Date _____