

Teacher Application and Information

Return this application to: Ashlee Collins
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 Lexington, KY 40508
 E-mail acollins@lasclex.org
 Phone (859)252-5222
 Fax (859) 255-7448



*Date _____

*Name _____ *Birth date _____

*Address _____ *Zip _____

*Phone # Home _____ Other _____

*E-mail address _____

Emergency contact: _____ Phone _____

PLEASE MARK AND DISCUSS IN DETAIL: (use the back if necessary)

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

Physical/Earth Sciences
Chemistry
Biology
Space Science
Physics
Environmental Science
Other: _____

Visual Art
Photography
Music
Dance/Movement
Theatre
Digital Art
Sculpture
Clay
Other: _____

PK (ages 4-5)
K-2 nd (ages 5-8)
3 rd – 5 th (ages 8-11)
6 th – 12 th (ages 11-18)
Adults (ages 18+)
Other: _____

NOTES (optional):

2. Places and Dates of your past experience with above activities: education, employment, personal experience, etc. Attach an updated resume if it covers the requested information. Please note any virtual teaching experience as well. You may provide links to any videos you have to showcase your teaching.

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

4. Reference (not a relative) Name: _____

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 _____