

Teacher Application and Information

Return this application to: LeAnn Jenkins
362 N. Martin Luther King Blvd.
Lexington, KY 40508 Fax (859) 255-7448.
questions? E-mail ljenkins@lasclx.org web site www.lasclx.org Phone(859)252-5222



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creativity grows!

* Must be included and current

Date _____

*Name _____ *Birth date _____

*Address _____ *Zip _____

*Phone # Home _____ other _____

Emergency contact: _____ Phone _____

*E-mail address _____

PLEASE LIST AND DISCUSS IN DETAIL: (use the back 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.

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

4. Reference (not a relative or former employer) Name _____

Address _____

Phones _____

*5. SS# _____

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 _____