EMPLOYMENT APPLICATION

TEACHER / INSTRUCTIONAL STAFF

Complete all applicable fields. Use N/A where a question does not apply.
Do not include Social Security numbers or medical records with this application.

1. POSITION AND PERSONAL INFORMATION

Position applied for _____ Available date _____

Legal name _____ Preferred name _____

Address _____ City / State / ZIP _____

Email _____ Mobile phone _____

2. PENNSYLVANIA CERTIFICATION

List each valid Pennsylvania or out-of-state teaching certificate. An applicant holding an out-of-state certificate may need Pennsylvania certification before assignment.

Area of certification	Issuing state	Issue / expiration dates

Have you acquired tenure in Pennsylvania? ☐ Yes ☐ No If yes, school district _____

3. EDUCATION

Level	School and location	Degree / credential	Year
High school			
College / university			
Graduate study			
Other training			

Applicant note: Attach a resume and copies of relevant licenses or certifications. References and background checks will be requested only through the school's authorized process.

EXPERIENCE AND REFERENCES

4. EMPLOYMENT HISTORY

Most recent first

Employer 1 Organization _____ Position _____

Address _____ City / State / ZIP _____

Dates employed _____ Supervisor _____

Responsibilities

Reason employment ended _____ May contact? ☐ Yes ☐ No

Employer 2 Organization _____ Position _____

Address _____ City / State / ZIP _____

Dates employed _____ Supervisor _____

Responsibilities

Reason employment ended _____ May contact? ☐ Yes ☐ No

5. ACTIVITIES, COACHING, AND RELEVANT SKILLS

6. PROFESSIONAL REFERENCES

Name / role	Organization	Phone	Email

APPLICANT AUTHORIZATION

I certify that the information I have provided in this application is complete and true to the best of my knowledge and belief and is provided in good faith. I understand that materially false statements or omissions may be grounds for rejection of this application or, if hired, dismissal.

I authorize my previous employers and supervisors to release job-related personnel information and to respond to lawful questions from authorized officials of The Herb Lusk Christian Leadership Academy regarding my work history and performance. I authorize the Academy to verify information provided and to conduct background inquiries permitted by law. I do not authorize inquiries intended to identify a disability, medical condition, or medical history except where permitted or required by law after an appropriate employment stage.

I understand that this application is not an employment contract and that any employment offer may be contingent on required clearances, credential verification, references, and other lawful conditions communicated by the Academy. I retain all rights available under applicable federal, state, and local law.

Important: This modernization corrects grammar and clarifies process but does not constitute legal review. The Academy should have Pennsylvania employment counsel approve this authorization before public use.

7. APPLICANT SIGNATURE

Typed / printed name _____ Date _____

Signature _____ Initials _____

FOR SCHOOL USE ONLY

Application received _____ Reviewed by _____

Next step / notes _____