

Legacy Christian Academy
3037 Bunker Lake Blvd NW
Andover, MN 55304
763-427-4595 (phone) 763-427-3398 (fax)
www.lcamn.org

Application for Employment - Substitute Teacher

Personal Data:

Name (Last, First, Middle):		Date:
Address:		
Home Phone:	Alternate/Cell Phone:	
Email Address:	Date Available:	

Grade/Subject Preference:

- PreK Kindergarten
- Elementary (1st-4th) - Grade Preference(s): _____
- Middle School (5th-8th) - Subject(s): _____
- High School (9th-12th) - Subject(s): _____

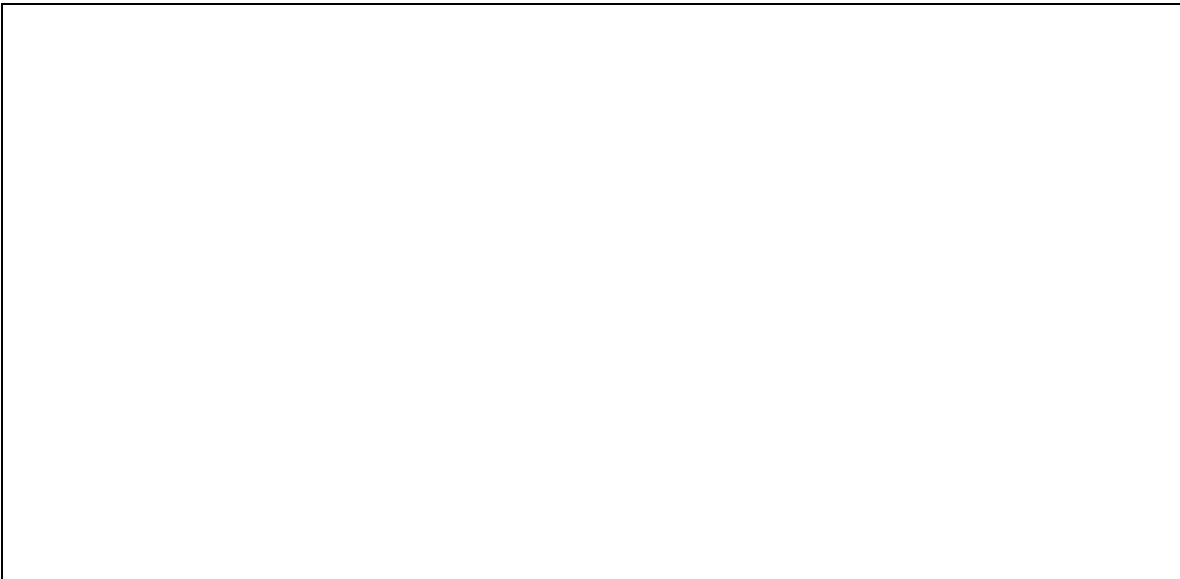
1. What is your philosophy of Christian education?

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2. Explain the authority the Bible has in the world and in your life.



3. Briefly share your personal Christian testimony and faith journey. List the church you are currently attending and any church and / or Christian service activities in which you are presently involved.



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4. Why do you desire to use your skills at Legacy Christian Academy?



5. Describe your computer/technology skills.



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6. List any formal training in the Bible, Christian theology or in Christian education coursework.

References:

Please list three references other than family members who can testify to your character and professional abilities. One should be your pastor or someone who has knowledge of your spiritual commitment and one should be your most current supervisor (preferably).

Name	Address	Phone #	Relationship

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Applicant's Certification and Agreement:

- I understand that Legacy Christian Academy does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age or disability.
- I hereby certify that the facts in this application are true and complete to the best of my knowledge. I understand that the discovery of falsification of any statement or significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand that I will be compensated only through the day of my release.
- I authorize my employer and any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children and youth. I hereby release Legacy Christian Academy, my former employers, references, and all other parties from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.
- I understand that this is only an application for employment and that no employment contract is being offered at this time.
- I certify that I have carefully read and do understand the above statements.
- I also have read and am in agreement with Legacy Christian Academy's Statement of Faith and its Guiding Principles.

Signature

Date

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Application for Release of Reference Information

I have made application for a position at Legacy Christian Academy. I have authorized the academy to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals that know me and have knowledge regarding my testimony and work record. I also authorize the academy to thoroughly investigate my work records and evaluations, my educational preparation, and all other matters related to my suitability for employment.

I authorize references and my former employers to disclose to the academy any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure.

In addition, I hereby release Legacy Christian Academy, my former employers, references, and all other parties from any and all claims, demands, or liability arising out of or in any way related to such investigation or disclosure.

I waive the right to ever personally view any references given to Legacy Christian Academy.

I agree that a photocopy or facsimile copy of this document and any signature shall be considered for all purposes as the original signed release on file.

I certify that I have carefully read and do understand the above statements.

Applicant's Name (Print)

Date

Applicant's Signature