

# Robert E. Lee Academy

P.O. Box 488 • 630 Cousar Street • Bishopville, SC 29010

Phone: (803) 484-5532 • Fax: (803) 484-9491

Position or grade level (s) applying for:

## ***Personal Data***

Name:

Social Security No.:

Date available to begin work:

Present Address:

Present Phone:

Permanent Phone:

Are you a U.S. Citizen?

Have you ever been convicted of any crime other than minor traffic offenses?

In Case of Emergency, please notify:

If Yes, Please list the offense:

Date:

Location:

Phone:

Please Explain:

## ***Certification/Contract Information***

Are you currently under contract?

If so, for what period of time?

At any time, has your contract failed to be renewed?

If yes, please explain:

Do you currently hold a valid South Carolina teaching certificate?

Number:

Date Issued:

Expiration Date:

Do you have a valid certification in any other state?

What State:

Degree on which certification is based:

Major(s):

Area(s) of certification:

What co-curricular or extra curricular activities can you direct?

***Educational Background***

School	Name and Location	Dates Attended	Major	Degree	Date Degree Issued
High School		From:			
		To:			
Colleges		From:			
		To:			
		From:			
		To:			
		From:			
		To:			
		From:			
		To:			
Other		From:			
		To:			

***References***

(Please list three persons familiar with your work.)

Name	Complete Mailing Address	Position
1.		
2.		
3.		

If you have had less than three years of teaching experience, please furnish the following information on your student teaching:

Name of School:	School System:
Grade or Subject(s):	Date (from-to):
Name and Address of Supervising Teacher:	
Name and Address of College Supervisor:	

If you are registered in a college or university placement office, please complete the following:

Name of college or university:
Mailing Address:

***Work Experience***

(List positions in chronological order beginning with current or most recent position.)

Employer:	From:	To:
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Address:	Phone:
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Name of Supervisor:
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Employer:	From:	To:
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Address:	Phone:
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Name of Supervisor:
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Employer:	From:	To:
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Address:	Phone:
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Name of Supervisor:
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Which of the above jobs did you like most and why?

Which of the above jobs did you like least and why?

May we contact your present and/or previous employers?

***Personal Statement***

Please give a personal statement below, in your handwriting, of your estimation of how you feel your qualifications and strengths will serve the children of Robert E. Lee Academy. Also, please state briefly what you feel to be the direction of education related to your field and the role you will play in effecting those changes.

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Robert E. Lee Academy does not discriminate on the basis of age, race, sex, color, religion, marital status, national origin, or handicap in its dealings with employees or applicants for employment.

Robert E. Lee complies with Section 59-26-40 of the South Carolina Code of Laws, which states:

Prior to the initial employment of a teacher, the local school district shall request a criminal record history from the South Carolina Law Enforcement Division for past convictions of any crime listed in Chapter 3 of Title 16, Offenses Against the Person; any crime listed in Chapter 15 or Chapter 16, Offenses Against Morality and Decency; and for the crime of contributing to the delinquency of a minor, contained in 16-17-490.

My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is cause for dismissal should I be employed by Robert E. Lee Academy.

By my signature, I authorize Robert E. Lee Academy to ask for and obtain from each former employer, person, firm, or corporation given as a reference any and all information sought in connection with this application. I also authorize any former employer, person, firm, or corporation from whom such information is requested to supply Robert E. Lee Academy with information concerning me, my work habits, character, skills and actions in any transaction.

Please return to:

Robert E. Lee Academy  
P.O. Box 488  
630 Cousar Street  
Bishopville, SC 29010

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_