

ACADEMIC PREPARATION - (SECONDARY & COLLEGE)

DATE OF ATTENDANCE	NAME OF INSTITUTION (LOCATION)	DEGREE
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATIONS

GRADES CERTIFIED TO TEACH _____

STATE EXP. DATE	TYPE	NUMBER
_____	_____	_____
_____	_____	_____

ADDITIONAL CERTIFIED AREAS: _____

CURRENT OR PROPOSED STUDY PLAN _____

EXPERIENCE IN RELATED AREAS (CAMPS, SUMMER SCHOOL, ETC.)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES - GIVE THE NAMES OF THREE PEOPLE WHO HAVE KNOWN YOU FOR AT LEAST A YEAR

NAME	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL ORGANIZATIONS AND/OR SCHOLASTIC HONORS

1. _____
2. _____
3. _____

ARE YOU WILLING TO PARTICIPATE IN DAILY CHAPEL SERVICE? YES NO

HAVE YOU ASKED YOUR UNIVERSITY TO SEND A TRANSCRIPT TO ASCENSION EPISCOPAL SCHOOL?
YES NO

WOULD YOU BE INTERESTED IN SUBSTITUTE TEACHING? YES NO

WILL YOU SUBMIT TO A DRUG TEST AND A BACKGROUND CHECK IF REQUESTED BY ASCENSION EPISCOPAL SCHOOL? YES NO

SIGNATURE

DATE

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