



Legacy Learning Academy
225 Hatton Street Portsmouth, VA 23704
Office Telephone: (757) 397-1671 Website: legacylearningacademy.org

Position applying for: _____

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Please Print

Name: _____ Date _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone #: () _____ Mobile Phone # () _____

Are you eligible to work in the U.S.? **Circle one:** Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) **Circle one:** Yes No

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense? **Circle one:** Yes No

If yes, please provide details (dates and location for all convictions) _____

A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

Have you ever been terminated from employment or asked to resign by an employer? **Circle one:** _____

Yes No

If yes, please provide company names and details:



Can you work any shift? **Circle one:** Yes No
 If no, please list the times you cannot work _____

Are you certified in First Aide/CPR, AED? **Circle one:** Yes No

Do you have a Virginia Food Handler’s Card? **Circle one:** Yes No
 Please provide a copy.

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? **Circle one:** Yes No

REFERRAL SOURCE

How did you hear about this position? _____

Have you ever worked for this church before? **Circle one:** Yes No

If yes, please let us know when: _____

Do you know anyone who works for or attends our church? **Circle one:** Yes No
 If yes, who? _____

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				



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EMPLOYMENT HISTORY Include your current employment and last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Please include additional pages if necessary. *Incomplete information could disqualify you from further consideration.*

Job Title		Employer Name	Telephone ()
From	To	Employer Name	Telephone ()
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
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Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

Computer Skills, please describe: _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three years.

Name	Address, Phone, Email	Company	Years Acquainted
1.			
2.			
3.			

Please read carefully before signing.

Legacy Learning Academy is an equal opportunity employer, therefore, does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, genetic information, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Legacy Learning Academy to hire me. If I am hired, I understand that either an authorized officer of Legacy Learning Academy or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Legacy Learning Academy has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Legacy Learning Academy true and complete information on this application. No requested information has been concealed. I authorize authorized officers/designees of Legacy Learning Academy to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.



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Signature: _____ Date: _____