

EDMUND BURKE ACADEMY

P.O. Box 787, Waynesboro, GA 30830

(706) 554-4479 Fax (706) 554-7582

www.burkeacademy.org

APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

Please type or use black ink.

Name (Last, First, M.I.) _____ (Date) _____

Address _____ SSN _____

City _____ State _____ Zip _____ Home phone () _____

E-mail _____ Work phone () _____

Position sought (check): _____ Administrator _____ Teacher Assistant _____ Staff _____ Teacher _____ Substitute _____

Please specify the nature of the position you prefer. For teachers, list in order of priority the grade level(s) and subject matter(s):

Would you work full-time _____ part time _____? Salary / rate of pay expected _____
(optional)

Have you ever been convicted of a felony (or other crime involving moral turpitude)? _____ Yes _____ No

If yes, please explain: _____

Referred to Edmund Burke Academy by _____

* * *

A copy of your transcript may be requested later)

	School	Location	Major/ program	Degree/Year
High School				
College				

College distinctions: _____

For teachers: 1) List extracurricular activities or coaching assignments you would be willing to accept:

2) List experiences related to teaching you have had:

3) Why does teaching at Edmund Burke Academy appeal to you:

Please list last employer first.

Name and Address	Position You Held or Nature of Work	Dates From –To	Activities	Reason for Leaving

Give no fewer than three references capable of judging your ability to perform the kind of work for which you have applied.

Name of Reference	School/Company	Position	Present Address	Telephone
1.				
2.				
3.				
4.				

May we contact your present employer? Yes No

If yes, Name: _____ Telephone: _____

May we contact your references prior to speaking with you? Yes No

You may attach other information to this application if relevant.

* * *

I certify that the above information is correct to the best of my knowledge, and I understand that misrepresentation of information is grounds for denial of employment or dismissal. This application becomes part of the permanent file for hired candidates.

I give my permission to Edmund Burke Academy to verify information pertaining to this application, except where I request in writing that no inquiry be made.

I further release the school from any liability from the disclosure of the information enclosed herein.

(Applicant's Signature) _____ (Date) _____

In its admissions, financial aid, personnel policies, and general practices, Edmund Burke Academy acts without regard to race, color, sex, religion, or ethnic origin physical handicap, or age.

Please return this application to:

Office of the Headmaster

Edmund Burke Academy

P.O. Box 787 Waynesboro, GA 30830

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Applications are kept on file for two years. Thank you for your interest in Edmund Burke Academy.