

APPLICATION FOR EMPLOYMENT

MARY BETHUNE ACADEMY



NAME OF APPLICANT _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

Have you every been convicted of a felony or misdemeanor? ____yes ____no
If yes, please describe _____

POSITION DESIRED: _____

EDUCATION HISTORY:

High School _____
From To Name & Location Major Year Graduated Degree

College _____
From To Name & Location Major Year Graduated Degree

Other _____
From To Name & Location Major Year Graduated Degree

CREDENTIALS OR CERTIFICATES HELD

List courses of study or training earned in Early Childhood Education, Child Development and Elementary Education. If seeking clerical or other position, list related credentials _____

EXPERIENCE:

1. _____
From To Name and Address of Employer Position Salary Reason for leaving

2. _____
From To Name and Address of Employer Position Salary Reason for leaving

3. _____
From To Name and Address of Employer Position Salary Reason for leaving

4. _____
From To Name and Address of Employer Position Salary Reason for leaving

REFERENCES: (List the names of three persons not related to you whom you have know for at least one year, and who could speak to your integrity and work ethic)

| | | | | |
|----|-------------|----------------|---------------------|------------------|
| 1, | _____ | _____ | _____ | _____ |
| | Name | Address | Relationship | Telephone |
| 2, | _____ | _____ | _____ | _____ |
| | Name | Address | Relationship | Telephone |
| 3, | _____ | _____ | _____ | _____ |
| | Name | Address | Relationship | Telephone |

PROFESSIONAL AFFILIATIONS:

PLEASE WRITE A BRIEF BIOGRAPHY OF YOURSELF:

GIVE REASONS WHY YOU WOULD BE THE BEST CHOICE FOR THIS POSITION:

Signature of Applicant

Date

Once you have completed this application, you may mail it to:

**Mary Bethune Academy
2249 Halifax Street
Lynchburg, Virginia 24501**

You may hand deliver it to the above address, or you may fax it to 434-847-0441