

Claiborne Academy
6741 Hwy 79
Haynesville, La 71048
(318) 927-2747 Fax (318) 927-4519

APPLICATION FOR EMPLOYMENT

Date _____

Position applied for _____

Name _____
First Middle Last

Address _____

Social Security # _____ Date of Birth _____

Driver License # _____ PLEASE ATTACH COPY OF DRIVER LICENSE

Phone # _____ Cell # _____

E Mail _____

Spouse's Name _____

Spouse Work Place _____ Phone # _____

Are you now employed ? _____ If not, how long since last employment _____

Rate of pay expected _____

Employment History : List employer's starting with the most recent

1. Employer Name _____
Address _____
Contact Person _____ Phone # _____
Reason for Leaving _____

2. Employer Name _____
Address _____
Contact Person _____ Phone # _____
Reason for Leaving _____

3. Employer Name _____
Address _____
Contact Person _____ Phone # _____
Reason for Leaving _____

Education:

Highest Grade Completed: _____

College: _____

List any qualifications that may benefit you in the position for which you applied for

List 3 references and phone numbers:

Educational Experience

Total Years Experience _____

Class Teaching Experience _____

Type Teaching Certificate _____

Subject Area of Degree _____

Expiration Date _____