



**CERTIFICATIONS**

GRADES CERTIFIED TO TEACH \_\_\_\_\_

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

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 3 PEOPLE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 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