

ISLE OF WIGHT ACADEMY

Application for Professional Employment

Post Office Box 105
Isle of Wight, VA 23397
(757) 357-3866
FAX (757) 357-6886

OFFICE USE ONLY
Acknowledged _____
References _____
Reactivate _____
Interviewed _____

1. Name _____
Last First Middle
2. Present Address _____ Phone () _____
Street City State Zip Area Code Number
3. Permanent Address _____ Phone () _____
Street City State Zip Area Code Number
4. Date of Birth _____ Business Phone () _____
Area Code Number
5. Are you a United States citizen? _____ If not, are you eligible to work in the United States? _____
6. Your present position _____
7. Indicate position(s) desired for which you are endorsed:
 Teacher Administrator
 Guidance Other (Explain)
 Library/Media

8. Specific position(s) for which you are applying:

First Choice Second Choice Third Choice
9. Do you have a Virginia Teacher's License? Yes No
If you answered yes, complete items 10 and 11.
10. _____
Type of Virginia License Expiration Date
11. Grades or subjects you are endorsed to teach _____
12. Do you have a Teacher's License from another state? Yes No
If you answered yes, complete items 13 - 14.
13. Name of State _____
14. Grades or subjects you are endorsed to teach _____
15. Have you made application for a Virginia Teacher's License? Yes No
16. When would you be available to begin work? _____

EDUCATIONAL BACKGROUND AND PROFESSIONAL TRAINING

17. Secondary Education:

Name and Address of High School(s)	Dates of Attendance	
	From	To

18. Collegiate Education:

Name and Address of College and/or University	Dates of Attendance		Degrees Awarded	Major & Minor
	From	To		

19. Student Teaching (If Applicable)

Name & Location of School	Public	Private	Dates	Grade or Subjects Taught	Name of Supervising Teacher

20. Number of days absent during last year _____

21. Rate your general health _____

22. Please list the name, address and occupation of three individuals to be contacted as references.

Name _____

Address _____ Phone _____

Occupation _____

Name _____

Address _____ Phone _____

Occupation _____

Name _____

Address _____ Phone _____

Occupation _____

28. Write a brief paragraph explaining why you would like to further your professional education career with the Isle of Wight Academy. (Minimum of 50 words)

Date

Signature of Applicant

Isle of Wight Academy does not discriminate on the basis of race, color, religion, age, national origin, marital status, disability, or gender in admission, treatment, employment, or access to any of its programs and activities.

This application will be retained in our active file for a period of one year. In the event you have not been offered a position and wish to continue as an active applicant after that time, it will be necessary for you to complete a new form. It shall be the responsibility of each applicant to complete his/her file by submitting a transcript.

29. Please list the name, address and telephone number where we may contact you if we are unable to reach you from the information listed in items 2 and 3:

Name

Address

Telephone Number