ISLE OF WIGHT ACADEMY

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

Application for Professional Employment

OFFICE USE ONLY

Acknowledged _

	57) 357-3866 XX (757) 357-688	36		F	Reactive ntervi	/ate			,
1.	Name			Final			88: 446		
		Last		First			Middle		
2.	Present Address	Street	City	State	Zip		Phone (Area Cod) de	Number
3.	Permanent Address	Street	City	State	Zip		Phone () de	Number
4.	Date of Birth					Busine	ss Phone (Area Coo) ie	Number
5.	Are you a United States	citizen?	_ If not, are yo	u eligible	to work	in the U	nited States?		
6.	Your present position								
7.	Indicate position(s) desi	□ Te					dministrator her (Explain)		
8.	Specific position(s) for v	which you are applyi	ng:					- 1,	t
	First Choi	ce	Sec	ond Choice	!		Third (Choic	e
9.	Do you have a Virginia T If you answered yes, co		Yes 🗆	ÑO			·		
10.									
	Type of Virginia	License				Expira	ition Date		
11.	Grades or subjects you	are endorsed to tead	ch					·	
12.	Do you have a Teacher's If you answered yes, co				No				
13.	Name of State			•					
14.	Grades or subjects you	are endorsed to tead	ch						
15.	Have you made applicat	ion for a Virginia Tea	acher's License	? Yes	0	No			
16.	When would you be ava	ilable to begin work	?						

EDUCATIONAL BACKGROUND AND PROFESSIONAL TRAINING

17. Secondary Education:				v						
Name and Address of High Sch	Name and Address of High School(s)			Dates of Attendance						
,					From	То				
- ,										
18. Collegiate Education: Name and Address of College and/or University			tes of ndance		Degrees Awarded	Major & Minor				
Conege and/or othersity		From		То						
						A MAND THE WARRANT CONTROL OF THE PARTY OF T				
			<u> </u>		L					
19. Student Teaching (If Applicable Name & Location of School	e) Public	Private	Dates	Grade	or Subjects Taught	Name of Supervising Teacher				
Neumo & Location of Jones.										
			9							
and the second distinct	lost year					zi.				
20. Number of days absent during										
21. Rate your general health					8					
22. Please list the name, address a	nd occupa	ition of thre	e individua	is to be	contacted as reference	s.				
Name										
Address					Phone					
	10.00				Occupation					
Name										
Address					Phone					
/					Occupation					
Name		*								
Address						, si				
					Occupation					

Please answer the following questions	"Yes" or "No".	If any question is	answered "Yes",	then explain in	detail.				
23. Have you ever been convicted for v	iolation of the	e law other than i	minor traffic viola	ition's? Yes		No			
Explain:									
24. Have you ever been convicted or any offense involving the sexual molestation, physical or sexual abuse or rape child? Yes D No D									
25. Have you ever been discharged or re	equested to re	esign from a prev	ious position?	Yes 🚨	No				
Explain:									
26. Have you ever been refused renewal of a contract? Yes No									
Explain:									
PROFESSIONAL EXPERIENCE (attach	additional sh	eet if necessary)							
	Dates of Employment Grade or								
27. Name and Location of Employer	Phone	From Mo Yr	To Mo Yr	Subject Taught		Job Title			
				4					

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28.	Write a brief paragraph explaining why Wight Academy. (Minimum of 50 words	you would like to fu ;)	irther your professior	ial education career v	VICIT CHE ISIE OF
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				Yes	
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	*				
Date	e	-	Signature of Appli	cant	
Isle	of Wight Academy does not discriminate	e on the basis of ra	ce, color, religion, age	e, national origin, mar	ital status,
disa	ibility, or gender in admission, treatmer	it, employment, or a	access to any or its pr	ogianns and activities	•
This	application will be retained in our activition and wish to continue as an active	e file for a period of	f one year. In the eve	nt you have not beer	offered a ete a new form. It
pos sha	ition and wish to continue as an active in the second in the responsibility of each applicant	to complete his/he	r file by submitting a	transcript.	
	Please list the name, address and telep	hone number where			reach you from
٠٠.	the information listed in items 2 and 3	:			
	Name	_			
		<u></u>			
	Address				
	Telephone Number	_			