

Lake George Charter School

37888 US Hwy 24

PO Box 420

Lake George, CO 80827-0420

Phone 719-748-3911 Fax 719-748-8151

LGSchool@lgesco.org or www.lakegeorgecharterschool.org

Teacher / Substitute Teacher Application

Date: _____

NAME: _____ SOCIAL SEC. # _____

Last First Middle

PRESENT

ADDRESS: _____

Street Address City State Zip

PERMANENT

ADDRESS: _____

Street Address City State Zip

TELEPHONE NUMBER: _____

Home Cell

STATEMENT AS TO HEALTH: _____

POSITION(S) DESIRED _____

Have you ever been convicted of a felony? _____ Yes _____ No

EDUCATION - List colleges or universities attended and the degrees and certificates received.

| COLLEGE OR UNIVERSITY (Name and Address) | ATTENDED from to | DEGREE and date | MAJOR | MINOR |
|---|--------------------------------|--------------------|-------|-------|
| | | | | |
| | | | | |
| | | | | |

| CERTIFICATE OR LICENSE TYPE AND ENDORSEMENT | STATE | DATE ISSUED | EXP. DATE |
|---|-------|-------------|-----------|
| | | | |
| | | | |
| | | | |

If you do not already have a Colorado Administrative Certificate, have you applied for Colorado Certification?

Yes No Date applied: _____

List honors or special achievements _____

EMPLOYMENT HISTORY – List most recent first. May we contact your present employer? Yes No

EMPLOYER _____ Employed from _____ to _____
 ADDRESS _____ DUTIES and RESPONSIBILITIES (Include teaching
 and/or administrative duties.) _____
 POSITION _____
 SUPERVISOR _____
 TELEPHONE # _____
 REASON FOR LEAVING _____

EMPLOYER _____ Employed from _____ to _____
 ADDRESS _____ DUTIES and RESPONSIBILITIES (Include teaching
 and/or administrative duties.) _____
 POSITION _____
 SUPERVISOR _____
 TELEPHONE # _____
 REASON FOR LEAVING _____

EMPLOYER _____ Employed from _____ to _____
 ADDRESS _____ DUTIES and RESPONSIBILITIES (Include teaching
 and/or administrative duties.) _____
 POSITION _____
 SUPERVISOR _____
 TELEPHONE # _____
 REASON FOR LEAVING _____

TOTAL YEARS TEACHING EXPERIENCE: _____ Years _____ Public _____ Private

List three persons qualified to comment on your abilities and your past experiences:

| NAME | ADDRESS | POSITION | TELEPHONE # |
|------|---------|----------|-------------|
|------|---------|----------|-------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

To be eligible for an interview, in addition to this completed application, please submit a resume, transcripts, credentials, and a copy of your Colorado Administrative Certificate. If not already a part of your resume, please submit a written statement regarding your professional goals and aspirations. If you are one of the final candidates, you will be contacted for an interview.

I certify that all information on this application is correct and complete and understand that employment is contingent upon its accuracy.

APPLICANT'S SIGNATURE: _____

EQUAL OPPORTUNITY EMPLOYER