

Brookhaven Academy Educational Foundation, Inc.

943 Brookway Blvd. Ext.

Brookhaven, MS 39601

APPLICATION FOR EMPLOYMENT

Brookhaven Academy Educational Foundation, Inc. is an independent school system committed to instilling Christian principles into every aspect of our curriculum and campus environment. We believe that faculty and staff possess a huge capacity of influence which, through teachings and actions, should be used to perpetuate our school's mission. It is with these thoughts in mind that we sincerely desire for you God's rich blessings in the teaching of today's student. On behalf of our entire school family I thank you for the interest you have shown in Brookhaven Academy Educational Foundation, Inc.

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

An Equal Opportunity Employer

<b>Personal Data</b>			
Date of Application _____		Social Security Number _____	
Last Name _____	First Name _____	Middle Initial _____	
Current Address: Street/Box _____			
City, State, Zip _____			
Work phone: _____	Home phone: _____	Cell phone: _____	
Other Name that may appear on records: _____			(Used only for reference checks)
<b>Position Data</b>			
Credentials included with application:			
<input type="checkbox"/> Resume			
<input type="checkbox"/> All teaching and professional certificates or licenses			
<input type="checkbox"/> All transcripts showing degrees			
Date you can begin work _____			
Have you been employed by Brookhaven Academy in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes, provide dates of employment _____			
<b>Educational/Training</b>			
Check the highest level of education attained:			
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED	<input type="checkbox"/> Less than two years of college	
<input type="checkbox"/> Two or more years of college	<input type="checkbox"/> Bachelor's degree		
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Other training or education: _____		
Name of location of schools attended	Course of Study and Major/Minor	Diploma, degree, certificate, or license held	Years Graduated (College Only)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certification**

Certificate or License Currently held:

- None
- Valid Mississippi
- Valid Other State
- Mississippi Emergency

Areas of Specialization:

- Administrator
- Principal
- Elementary
- Elementary and Kindergarten
- Secondary (Jr/Sr High)

Preschool:

- All- Level Art
  - All -Level Health and PE
  - All Level Music
  - Librarian
  - Counselor
  - Computer
  - Special Education (Specify)
- \_\_\_\_\_
- K-3
  - 4-6
  - 7-8
  - 9-12

**Teaching Experience**

(List Teaching Experience beginning with most recent years)

Name and location of school	Type of Assignment	Dates taught	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Work Experience**

(Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach resume if available.)

School District/Firm Name	Position/Title	Dates Employed	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**General Information**

Have you ever been convicted of, plead guilty or no contest to, or received probation, suspension, or deferred adjudication for a felony or offense (including, but not limited to, theft, rape, murder, and indecency with a minor)?  Yes  No

If Yes, please state where, when, and the nature of the offense.

Have you ever been suspended, dismissed, or asked to resign as a teacher?  Yes  No

Have you ever had a teaching certificate denied, suspended, or revoked?  Yes  No

(A felony conviction is not an automatic bar to employment. The school will consider the nature, date and relationship between the offense and the position for which you are applying.)

**References**

Please list references the school can contact regarding your work history. Include all managers and supervisors who evaluated or supervised your performance at your last two employers.

Full Name of Reference	School District or Firm Name	Mailing Address	Position/ Title	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever failed or refused to fulfill an employment contract with any school? \_\_\_ Yes \_\_\_ No

Have you ever failed to be re-employed? \_\_\_ Yes \_\_\_ No

Please attach a full explanation of any "yes answer" from the questions above.

**Verification**

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my applications or dismissal from subsequent employment.

I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

This application becomes the property of the school. The school reserves the right to accept or reject it.

***Brookhaven Academy Mission Statement***

***Our mission at Brookhaven Academy is to provide a Christian –based, college preparatory curriculum, in which each student is challenged to achieve excellence and mature spiritually, intellectually, emotionally, socially, and physically.***