

HARDING



ACADEMY

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HARDING ACADEMY TEACHER APPLICATION

Date: _____

Name: _____ Phone: _____

Address: _____

I.D. #: _____
SS# / H #

Religious Information

Religious Preference _____ Are you a member? _____

Name of congregation you attend: _____

Personal Information

Have you ever been convicted for law violations? _____ If so, please explain: _____

Do you use tobacco in any form? _____ Drink alcoholic beverages? _____

Are you or have you ever been divorced? _____

Educational Information

Name and location of institution from which you received your undergraduate degree:

Areas of concentration:

Major: _____

Minor: _____

Name and location of institutions at which you have done graduate work:

_____ Degree received _____ Date _____

_____ Degree received _____ Date _____

_____ Degree received _____ Date _____

Areas of concentration

1. _____ 2. _____

List fields in which you are certified to teach (list in order of preference):

List any other areas in which you have interest or experience and would be willing to work with students on an extracurricular basis, such as chorus, band, athletics, speech competition, business games, drama, etc.:
