

**Virginia Beach Friends School**  
**1537 Laskin Rd. Virginia Beach VA 23451**  
Teacher Employment (Please Print)

**Personal Data**

Name

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

**Equal Opportunity Statement**

Friends School expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status.

**Teaching Preferences and Competencies**

Level Preferred: (Please indicate your 1st, 2nd and 3rd choice of grade levels)

- Early School (Cottage - Kindergarten)
- Lower School (Grades 1-5)
- Middle School (Grades 6-8)
- Upper School (Grades 9-12)

Position Preferred (Please include subject and/or grade level)

- 1st choice \_\_\_\_\_
- 2nd choice \_\_\_\_\_
- 3rd choice \_\_\_\_\_

List other subjects qualified to teach: \_\_\_\_\_

List any activities you are willing to supervise; i.e., clubs, groups, drama, etc.: \_\_\_\_\_

\_\_\_\_\_

List any sports you are willing to coach: \_\_\_\_\_

I will be available to start teaching: (date) \_\_\_\_\_

List and give the extent of any special training you have had that is not mentioned above.  
Please complete in as much detail as possible. You may attach additional information.

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**Certification (preferred but not required)**

Note: Please submit a photocopy of any teaching certificates with this application

Certificate held	Date Issued	Date of Expiration	Certificate Number	Subjects or Grades on Certificate

**Academic Preparation for Teaching**

List high schools, colleges, universities, and training institutions attended

	Dates Attended	School and Location	Degree/Date	Major and Minor	Semester Hours	Grade Average
High School			Diploma Date			
University, College, Other						

Any degree presently pursuing \_\_\_\_\_

Date Degree to be conferred \_\_\_\_\_

Distinctions and Honors: \_\_\_\_\_

\_\_\_\_\_

Activities: \_\_\_\_\_

\_\_\_\_\_

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**Teaching experience**

**A. Student Teaching**

Name of School City and State	Grades and Subjects Taught	Supervising Teacher Phone number	Dates

**B. Regular Teaching**

Name of School Address	Superintendent/Principal Name/Phone No.	Grades, Subjects Taught and Related Assignments	Date		Total Years
			To	From	


You have my permission to contact any of the above mentioned persons:

- Yes
- No

Are you presently under contract?

- Yes
- No

If yes, to whom? \_\_\_\_\_

Have you ever been discharged or requested to resign from a teaching or administrative position?

- Yes
- No

If yes, explain \_\_\_\_\_

Have you previously applied for a position or been employed by Virginia Beach Friends School?

- Yes
- No

If yes, explain \_\_\_\_\_

List participation within the last two years in any professional activity for the improvement of the school(s) where you have been employed: e.g., curriculum revision, pupil progress reports, etc.

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**Other Experience**

Other work experiences which I believe have been valuable to my career are:

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**Legal Notification**

It is understood that Virginia Beach Friends School may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification (BCI) for a background check and I hereby consent to such inquiries.

I understand that if I am employed prior to receipt of the BCI report, my continued employment will be conditional on receipt of a report demonstrating that I am in compliance with all applicable school and state rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I promise that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**References**

These should be from persons best qualified and willing to give an objective appraisal of your fitness in the position you seek. Please include administrators with whom you have worked, teachers you have supervised, or parents you have worked with.

Do we have your permission to contact these persons at this time?

- Yes
- No

Name	Address	Phone No.	Position/Occupation

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