



Teacher Employment Application

Name _____ Date _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Home Phone (____) _____ Work Phone (____) _____

Email _____

EDUCATIONAL BACKGROUND: Please list most recent first.

Education or Training Institutions, City & State	Dates Attended	Diploma or Degree and Year	Major And Minor	Comments

CERTIFICATION:

Indiana Certificate: Title and Area _____

Effective Date _____ Expiration Date _____

Certificate # _____ Grade Level _____

Subject(s) _____

Submit a copy of your current Indiana license with this application.

REFERENCES: These should be persons qualified and willing to give an honest appraisal.

Professional: Please include superintendents, principals, or other supervisors with whom you have worked.

Name _____ Phone # _____

Title _____ School/Organization _____

Address _____
(Street) (City) (State) (Zip)

Name _____ Phone # _____

Title _____ School/Organization _____

Address _____
(Street) (City) (State) (Zip)

Name _____ Phone # _____

Title _____ School/Organization _____

Address _____
(Street) (City) (State) (Zip)

Personal: (This should not be a relative)

Name _____ This person has known me for _____ years.

Relationship _____ Phone# _____

Address _____
(Street) (City) (State) (Zip)

EXPERIENCE: (Most recent first)

Employer _____ Phone # _____

Duties _____

Reason for Leaving _____

Dates: From _____ to _____
Month/Year Month/Year

Employer _____ Phone # _____

Duties _____

Reason for Leaving _____

Dates: From _____ to _____
Month/Year Month/Year

Employer _____ Phone # _____

Duties _____

Reason for Leaving _____

Dates: From _____ to _____
Month/Year Month/Year

Do you have any online teaching experience? Circle one: yes no

If so, please include where as well as the timeframe.

How would you describe/explain your computer/technology skills? What computer applications/software are you experienced in?

Have you taken one or more online courses? If YES, what were the pros/cons?

What other information can you provide that makes you a viable candidate as an **IndVA** online instructor?

STATEMENT OF UNDERSTANDING:

I certify that the information I have given on this application is true and complete to the best of my knowledge and I understand and agree that any false information or the omission of any pertinent information shall be considered as sufficient cause for my discharge.

I hereby consent to and authorize representatives of the **Indiana Virtual Academy** to investigate my employment history and personal references and to make any other investigations deemed necessary in connection with this application.

Applicant's Signature _____ Date _____

Return application and copy of current teaching license to:

Allynn Swensen
Director
Indiana Virtual Academy
901 W. US 50 Suite A-108
Versailles, Indiana 47042

812-689-0400 Ext. 3
aswensen@indva.com
Fax: 888-868-4047

NONDISCRIMINATION POLICY

The **Indiana Virtual Academy** is an Equal Opportunity-Affirmative Employer and does not discriminate on the basis of age, race, color, religion, sex, handicapping conditions, or national origin.