



FACULTY APPLICATION

Instructions for Applying:

Please go to <https://calschool.org/employment/> to select your desired position and click through to submit your contact information and CV/Resume. For general inquiries, please send a completed Application Form to Mrs. Aiello at daiello@calschool.org.

In order for applications to be complete, they must include all required documents. Candidates must thoroughly understand and support the mission and philosophy of classical education and the Classical Academy de Lafayette: <https://calschool.org/>

Candidacy Process

Candidates being seriously considered for a position will be invited to interview with CAL School Administration. After a preliminary interview, should both parties agree to move forward, references will be requested and reviewed and/or contacted. Upon completion of a second interview, candidates may be asked to complete an assessment and submit transcripts and may also be required to perform or provide a model lesson.

Contact information:

For questions, please contact Mrs. Aiello at daiello@calschool.org

General Information:

Teachers are responsible for the education of their students. As examples to their students, teachers are expected to demonstrate high moral character and embrace the virtues of our American society. Teachers are accountable to the school administration. They are employed at-will and operate as professionals within the guidelines established by CAL and its Board of Directors. These guidelines provide that instruction be consistent with the classical trivium curriculum and sequence.

APPLICATION FOR EMPLOYMENT

The Classical Academy de Lafayette (CAL) is an Equal Opportunity Employer.

Prospective employees will receive consideration without discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, genetic testing information, age or any other characteristic protected by state or federal law.



Date of Application:		Have you ever previously applied for employment with CAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (Last, First, MI):			
Street Address:	City:	State:	Zip Code:
Home Telephone: () - - - - -	Business Telephone: () - - - - -	May we contact you at work? Yes No	
Cell Phone/Pager: () - - - - -	Email Address: _____@_____		

Position Desired:	
Are you applying for: Full-time Part-time Temporary Seasonal	Salary Desired: \$ per
Can you perform the essential functions of the position you are applying for? Yes No	
Under federal law, we may hire only persons authorized to work in the U.S. As a condition of employment, I understand that I will be required to furnish proof of my identity and authorization to work in the U.S. as required by law. Are you legally authorized to work in the U.S.? Yes No	
Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B visa status) Yes No	
Have you ever been convicted of a crime other than a minor traffic violation? Yes No	If you answer yes to any of the question including conviction, attach explanation of the incident including date, incident, city, county and state: A conviction will not necessarily disqualify an applicant from employment.
Are there any charges or proceedings pending against you? Yes No	
Have you ever been discharged or requested to resign from a position? Yes No	
Have you ever been refused renewal of an agreement or contract? Yes No	
Are you employed now? Yes No	If hired, when can you begin work?
License, Certificates and Endorsements held:	
What skills and abilities, in regards to extra or curricular activities can you offer?	

Name & Location of School Include college and graduate work	Date From:	Attendance To:	Degree	Specialty
Student Teaching Name, Address, Phone			Grade/Subject	Supervisor

Employment Record	Please give accurate, complete full-time and part-time employment history starting with your present or most recent employer. If attaching resume, you must still complete all sections. Do NOT include student teaching.			
School/Company Name:	Telephone: ()	-		
Address:	Dates of Service (month and year): From:		To: / /	
Reason for Leaving:	Manager:			
What was your job title?	Starting Pay: \$	Ending Pay: \$		
School/Company Name:	Telephone: ()	-		
Address:	Dates of Service (month and year): From:		To: / /	
Reason for Leaving:	Manager:			
What was your job title?	Starting Pay: \$	Ending Pay: \$		
School/Company Name:	Telephone: ()	-		
Address:	Dates of Service (month and year): From:		To: / /	
Reason for Leaving:	Manager:			
What was your job title?	Starting Pay: \$	Ending Pay: \$		

References	List three professional references we may contact (e.g., current or former managers, peers, customers, etc.).			
Name	Address or Email	Phone #	Occupation	Relationship
1.				
2.				
3.				

Please Read the Following Carefully

- I certify that the statements that I have made in this application are true and complete and that I have read, understand and agree to all the provisions contained in this application. I understand that falsification or omission of information from this application or violation of any of the provisions contained herein may be cause for disqualification or immediate dismissal.
- In consideration of my employment, I agree to conform to the policies and procedures of The Classical Academy. I understand that in accepting this application, the School is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed with the School, I understand that I am employed "at-will" and that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at either the option of the school or myself. I further understand that no supervisor, manager, or representative of the School has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except in writing when authorized by the Principal of The Classical Academy.
- I authorize TCA to investigate all statements contained herein and to use the information contained in this application form or in my personnel file; (1) to contact my previous employers about my qualifications for the job applied for (2) to answer job related inquiries from possible future employers, (3) to contact schools for pertinent information, and (4) to contact the references listed above. I understand that this application form will be considered active for six (6) months from the date it is signed and dated by me.
- I understand that if I am offered employment it will be contingent on the successful outcome of a criminal background check and a child abuse registry search.

Applicant Signature _____ Date _____

School Representative _____ Date _____

Please note that we cannot accept electronic signatures.