



Dear Applicant:

Thank you for your interest in becoming a specialty teacher or assistant at Journey School. The requirements are:

- Application
- Resume
- Certificates/Credentials if applicable
- LiveScan Background Check
- Recent professional letter of reference
- Valid form of ID
- I-9 form
- W-4 form
- Direct Deposit form with void check

Your application will be considered complete once all the above requirements have been met. Please allow 2 weeks for processing. If your application is approved, you will be contracted by mail or phone.

If you have any questions, please contact me at [grace@journeyschool.net](mailto:grace@journeyschool.net) or at (949) 916-4282. Thank you for your interest in teaching at Journey School.

*Grace LaHatt*

Grace LaHatt  
*HR Specialist*



<b>OFFICE USE ONLY</b>	
Date R'cvd	_____
LiveScan	_____
References	_____
TB Test	_____
Cert.	_____
Resume	_____
W-4 form	_____
I-9 form	_____
ID(s)	_____
Direct Deposit	_____

## SPECIALTY TEACHER APPLICATION

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Position you are applying for:
- Specialty Teacher
  - Specialty Teacher Assistant

- List specialty subjects you are qualified to teach:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

### CERTIFICATION / LICENSES if any *(please attached a copy of this application)*

State	Type	Endorsement	Certificate #	Issue Date	Expiration Date

### List any special skills, experience, or relevant organizational affiliations:


## EDUCATION & TRAINING

School or Institution & Location	Major / Minor	Diploma/Degree/ Credits Earned	Year Earned	Name while there, if different

## TEACHING EXPERIENCE or OTHER WORK EXPERIENCE

*List most recent to present*

Date from/to	Employer (Name, phone, email)	Your Title	Duties

**SUBJECTS TAUGHT:** *Check all the subjects you can teach. Put an asterisk next to subject you prefer.*

<b>GRADE LEVEL</b> <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8  <b>ENGLISH</b> <input type="checkbox"/> Composition <input type="checkbox"/> Literature <input type="checkbox"/> Language Arts  <b>LANGUAGE</b> <input type="checkbox"/> Spanish <input type="checkbox"/> French	<b>SCIENCE</b> <input type="checkbox"/> Astronomy <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Eco-Literacy <input type="checkbox"/> General Science <input type="checkbox"/> Geography  <b>MATHEMATICS</b> <input type="checkbox"/> Algebra <input type="checkbox"/> Basic Math <input type="checkbox"/> Geometry	<b>HISTORY/ SOCIAL STUDIES</b> <input type="checkbox"/> U.S. History <input type="checkbox"/> World History  <b>SPECIALTY</b> <input type="checkbox"/> Cooking <input type="checkbox"/> Knitting <input type="checkbox"/> Gardening <input type="checkbox"/> Painting/Drawing <input type="checkbox"/> Physical Ed. <input type="checkbox"/> Woodwork	<b>PERFORMING ARTS:</b> <input type="checkbox"/> Cello <input type="checkbox"/> Choir <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Eurythmy <input type="checkbox"/> General Music <input type="checkbox"/> Guitar/Ukele <input type="checkbox"/> Piano/Keyboard <input type="checkbox"/> Recorder/Flute <input type="checkbox"/> Violin	<b>OTHER:</b>      
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## PROFESSIONAL REFERENCES

Name	Title	Phone	Email