



APPLICATION FOR EMPLOYMENT

ALL INFORMATION ON THIS APPLICATION MUST BE PROVIDED. SECTIONS 2 – 8 MAY BE DELIVERED IN A RESUME. WRITE “RESUME” ON THE APPLICATION IN THE APPROPRIATE SECTION(S) WHEN THIS METHOD IS USED. WRITE “N/A” FOR ANY SECTION THAT DOES NOT APPLY TO YOUR DESIRED POSTION.

Indicate position desired: _____

Indicate your date of availability: _____

SECTION 1 – PERSONAL INFORMATION Please Print this information

Name: _____
First
Middle
Last

 Maiden Name Preferred First Name

Residential Address: _____

Mailing Address: _____

Preferred Telephone: _____ Alternate Telephone: _____

Have you previously been employed by Charlotte Secondary School, Inc.? Yes No

If so, under what name, in what position and what dates of employment? _____
 _____.

SECTION 2 – LICENSURE If you do not hold a current NC teaching license, you may be required to obtain one as a condition of continued employment. It is your responsibility to obtain and maintain a license in current status.

Do you hold a NC Teaching License? Yes No If no, have you applied? Yes No

If yes, PLEASE PROVIDE COPY Date Issued _____ Expiration Date _____

Licensed Area/Subject	Issuing State	Class A	Class G	Expiration Date



SECTION 3 – NATIONAL TEACHER EXAM (NTE) / PRAXIS SERIES TESTS If you have never been issued a NC Teaching License, attach a copy of your NTE/PRAXIS scores. Scores can be obtained from ETS, CN 6015, Princeton, NJ 08541-6050.

The NTE was required prior to 7/1/1998. Have you taken the NTE? Yes No

If yes, when? _____ Professional Knowledge Score _____ Area Score _____

PRAXIS exams are currently required. Have you taken one or more PRAXIS? Yes No

If yes, Principles of Learning Score _____ PRAXIS II Subject Assessment Score _____

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If yes, Principles of Learning Score _____ PRAXIS II Subject Assessment Score _____

SECTION 4 – EDUCATION Copies of your transcripts, both undergraduate and graduate, showing degrees conferred, must be filed with our HR department.

College or University	City & State	Degree	Major	Attended from – to	GPA

SECTION 5 – STUDENT TEACHING Complete if student teaching was completed within the last 3 years

School where taught: _____

School Address: _____

Subject and grade level taught: _____

Cooperating Teacher's Name: _____

Cooperating Teacher's Contact Information: _____

College Supervisor: _____

College Supervisor's Contact Information: _____



Section 6 – TEACHING OR INSTRUCTIONAL SUPPORT EXPERIENCE Begin with your most recent position and show paid, full-time or part-time teaching/instructional support experience for the last ten (10) years. DO NOT list tutoring or substitute teaching here.

1) _____
Begin/End Date School Name

School Address School Telephone

Job Title /GL and Subject Taught Type of School: Public/Charter Private
Position was: Full Time Part Time

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

2) _____
Begin/End Date School Name

School Address School Telephone

Job Title /GL and Subject Taught Type of School: Public/Charter Private
Position was: Full Time Part Time

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

3) _____
Begin/End Date School Name

School Address School Telephone

Job Title /GL and Subject Taught Type of School: Public/Charter Private
Position was: Full Time Part Time

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

If you have additional experience, please include the information on the back of this page.



SECTION 7 – NON-TEACHING EXPERIENCE Starting with your most recent, show non-teaching experience over the last ten (10) years. INCLUDE substitute teaching or tutoring here.

1) _____
Begin/End Date School Name

School Address School Telephone

Job Title/Position Type of School: Public/Charter Private
Position was: Full Time Part Time

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

2) _____
Begin/End Date School Name

School Address School Telephone

Job Title/Position Type of School: Public/Charter Private
Position was: Full Time Part Time

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

3) _____
Begin/End Date School Name

School Address School Telephone

Job Title/Position Type of School: Public/Charter Private
Position was: Full Time Part Time

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

If you have additional experience, please include the information on the back of this page.



SECTION 8 – REFERENCES Print information for three people who have first-hand knowledge of your professional preparation and competence. Incomplete, inaccurate or illegible reference contact information may result our inability to consider your application further.

Name _____ **School/Company** _____

Telephone _____ **Email address** _____

Name _____ **School/Company** _____

Telephone _____ **Email address** _____

Name _____ **School/Company** _____

Telephone _____ **Email address** _____

SECTION 9 – ADDITIONAL INFORMATION Answer each of the following questions.

Have you ever been convicted of, or pleaded guilty or no contest to, a misdemeanor or felony, other than minor traffic offenses? ANSWER YES FOR ANY TRAFFIC OFFENSE RELATE TO ALCOHOL OR DRUG USE. Yes No

Do you have criminal charges or procedures pending? Yes No

Have you ever been suspended, dismissed, non-renewed, fired, or discharged from a position? Yes No

Have you ever had a teaching licenses suspended or revoked? Yes No

Have to ever been asked to resign form a position? Yes No

Are you a citizen of the United State of America? Yes No

If you are not a citizen, do you possess a current alien registration card or immigration visa? Yes No
Type: _____ Expiration Date: _____



SECTION 10 – BACKGROUND CHECK AUTHORIZATION

CHARLOTTE SECONDARY SCHOOL, INC. CONDITIONS EMPLOYMENT ON THE RESULTS OF CRIMINAL RECORDS CHECKS AND FINGERPRINTING OF ALL APPLICANTS AND RESERVES THE RIGHT TO REQUIRE PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TESTING. ANY FAILURE TO COMPLY WITH, COMPLETE OR MEET SUCH REQUIREMENTS MAY RESULT IN THE DENIAL OR TERMINATION OF EMPLOYMENT.

Your signature below indicates your understanding that a background report may be requested at will by Charlotte Secondary School. The report may contain information about your character, general reputation, education, current and former employment, traffic records, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies that maintain such records. The information requested will be used in compliance with the Fair Credit and Reporting Act and/or other applicable federal or state laws.

I authorize any party, institution, school, employer or agency contacted by Charlotte Secondary School, or its authorized representatives, to furnish the above-described information. I release from liability the agents, employers, and all persons providing information based on the data I have provided. I hereby authorize procurement of the background report by Charlotte Secondary School.

Applicant's signature

Date

Printed Complete Legal Name

Maiden Name

Previous/Other Name Used

Previous/Other Name Used

Social Security Number

Date of Birth

Driver's License Number & Issuing State

Current Address

How long?

Current Address

How long?

Current Address

How long?

List any criminal convictions, their dates, and state where convicted: _____



ATTESTATION

I UNDERSTAND AND AGREE that I have read this application carefully.

I CERTIFY that all information in this application that I have given and any supporting documentation I have provided are true and complete to the best of my knowledge.

I AUTHORIZE Charlotte Secondary School, Inc. to make inquiries of my prior employment history, my qualifications and abilities, my statements in this application and to perform a background check related to my criminal history and any other related matters to assist in arriving at an employment decision. My authorization further releases Charlotte Secondary School, Inc., its Board of Directors, its employees, and other agents from any and all potential liability arising from these inquiries and investigation.

I ACKNOWLEDGE that no provision or portion of this Application for Instructional Employment constitutes an implied or expressed contract, guarantee or assurance of employment, or any right to an employment-related benefit or procedure.

I UNDERSTAND that any omission of fact, or false or misleading information, given in this application, in any attachment or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, or in my suspension or discharge, as applicable.

Applicant's signature

Date

CHARLOTTE SECONDARY SCHOOL, INC. IS AN EQUAL OPPORTUNITY EMPLOYER WHO SEEKS TO HAVE THE BEST QUALIFIED PERSON IN EVERY JOB. CHARLOTTE SECONDARY SCHOOL IS COMMITTED TO COMPLYING WITH ALL APPLICABLE LAWS PROVIDING EQUAL EMPLOYMENT OPPORTUNITIES TO ALL INDIVIDUALS. CHARLOTTE SECONDARY SCHOOL, INC. DOES NOT DISCRIMINATE AGAINST ANY PERSON BASED ON RACE, COLOR, GENDER, RELIGION, NATIONAL ORIGIN, DISABILITY IN ANY OF ITS EDUCATIONAL OR EMPLOYMENT PROGRAMS OR ACTIVITIES.