

APPLICATION FOR PROFESSIONAL EMPLOYMENT

DILLARD ACADEMY CHARTER PUBLIC SCHOOL

Please contact mail or bring your application to 504 W. Elm St. Goldsboro, NC 27530. C/O Hilda Hicks or Danielle Baptiste

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Personal Information

Name Preferred Title First Middle/Maiden Last

Permanent Address Street City State Zip

Home Phone () Cell () Office ()

Email Address:

How long have you lived at this address? From-Date Until-Date

Social Security Number New Applicant Former Applicant Former Employee

Positions for which application is being made (be specific): Applicant must be licensed or eligible for license in each area of choice. Examples: K-6, Exceptional Children, Speech, Social Worker, Principal etc.

First Choice Second Choice

Third Choice Date available for employment

Please state briefly your reason for wanting to teach at Dillard Academy.

Licensure

North Carolina law requires that all teachers, principals, and other professional personnel hold a valid North Carolina license. It is your responsibility to obtain and maintain your license in a current status. Please note that individuals qualifying for a North Carolina license based on reciprocity with another state are required to meet North Carolina's NTE/Praxis II requirements.

Do you hold a North Carolina License? Yes NO. If yes, please enclose a copy and please complete the information below. Date License Issued Date Effective Date Expires

Table with 4 columns: PROGRAM, LICENSURE AREA(S), CLASS, EXPERIENCE. Includes example row: Example: 01 (initial), 78400 (K-6 (Elementary)), A, 1 Year.

Subject(s) in which you expect to receive a NC license (if you do not have one(s)).

Other states in which you hold a valid teaching license/certificate. (Please send copy(s)).

Education Preparation

Level of Education	Name of School or University	State	Field of Study	Type of Degree	GPA	Dates of Attendance	
						From	To

Please enclose copies of all college transcripts.

Have you completed North Carolina Effective Teacher Training? Yes No If yes please attach a photocopy of verification.

NTE/Praxis Examination Scores

North Carolina requires passing scores on NTE/Praxis examinations to qualify for a teaching license. Even individuals qualifying for a North Carolina license based on reciprocity with another state are required to meet NC's NTE/Praxis II requirements. Please complete the section below indicating which tests you have taken and enclose a copy of your score report(s) for those you have taken.

NTE Specially Area(s) or Praxis II Examination Yes No

_____ Copy Enclosed? Yes No

Month/Year Test code #/Test Name No.

_____ Copy Enclosed? Yes No

Month/Year Test code #/Test Name No.

_____ Copy Enclosed? Yes No

Month/Year Test code #/Test Name No.

Student Teaching

If you completed student teaching within the last three years or are now student teaching, please supply the following information:

School _____ Grade/Subject _____ Dates: From _____ To _____

Address _____ Phone: _____

Supervising Teacher _____ Phone: _____

College Supervisor _____ Phone: _____

College/University Address _____

Teaching Experience (List chronologically all teaching experience. Do not include substitute teaching.)

Name of School	Name of school system or Unit	State	Position held Grades and/or subjects taught (specify)	Dates/ Mo/Day/YR (From: To)	Total Years	Supervisor's Name & Phone No.

Have you ever achieved tenure in a North Carolina School system? If yes, when and where?

Work Experience other Than Teaching (List Chronologically)

Employer	Address	Kind of Work	Dates of Employment	Supervisor's Name & Phone

References

Each applicant must provide the following information to be considered for employment at Dillard Academy Charter School:

- A. The names of at least three references sources. Include current employer if employed, or last employer if not currently employed. Reference from relatives or person who can evaluate only your personality and character are not acceptable. References who have known you for at least four years and/or are substantially familiar with your education achievements and work history are preferred.
- B. Applicants who are beginning teachers registered with a college placement office must include reference from their student teaching supervisor(s) and cooperating teacher(s) in the placement file and list names below.

Name of Reference	Position	Complete Mailing Address	Work phone	Home Phone

May we contact your present employer? Yes No Not Applicable

Additional Information

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from position of employment or been dismissed, fired, discharged, suspended, or otherwise subject to disciplinary actions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a teaching license of certificate suspended or revoked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted to any violation of the law other than a minor traffic ticket? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever entered a plea of <u>nolo contendere</u> (No Contest) to any charge against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any criminal charges pending against you or are you currently involved in any criminal proceeding, Including supervised or unsupervised probation? |

If you answer to yes to any of the above questions please explain on a separate page and include with this application.

Driver's license Number _____ State _____ Class _____

Related Activities

Please list below those school activities in which you are interested and which you are qualified to supervise, coach, or direct. Please be specific about coaching experience,. Use another page if needed.

Other interst/Hobbies _____

Please list any subject which you may be qualified but not licensed or certified to teach _____

Additional Information

Please use the space below to provide whatever additional information you would like to share about yourself. This information could be a short autobiography, additional information regarding your cultural and educational background your preparation, experience, interests and hobbies, plans, recreational activities, travel, or community experiences with children. Please feel free to elaborate on information already given elsewhere in this application.

Nepotism Policy

Most schools in North Carolina have policies which prohibit placement of one member of a family in direct supervisory or evaluative relationship with another member of his/her family. "Family" is usually defined as wife, husband, sister, brother, son, daughter, mother, father, father-in-law, mother-in-law, son-in-law, or daughter-in-law. Please list below any family members who are currently employed in the system to which you are submitting this application.

Name

Relationship

Applicant's Certification & Release of Liability

I, the undersigned applicant/employee hereby expressly authorize the Dillard Academy Board of Education, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal law enforcement , or traffic record, which may include confirmation by fingerprint identification. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give the Board of Education, its agents, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Board of Education, its members, officers, agents, or its employees, I hereby release the Board of Education to which that application is submitted and any and all providers of information, of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. If employed, I further authorize this Board of Education or its agents to provide information about my employment in this school system to future employers or prospective employers. I authorize persons to whom an exact copy of this release is presented to rely on the copy as if it were a signed original.

I have read the information contained in the application carefully and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____

Date _____