

APPLICATION FOR PROFESSIONAL EMPLOYMENT
DILLARD ACADEMY CHARTER PUBLIC SCHOOL

Please mail or bring your application to 504 W. Elm St. Goldsboro NC 27530. C/O Pearlie Whitfield, Human Resources.

Personal Information

First Name _____ Middle/Maiden _____ Last Name _____
 Address _____ City _____ St _____ Zip _____
 Home Phone _____ Cell _____ Office _____
 Email Address _____ Birthdate _____
 How long have you lived at this address? From/Date _____ Until/Date _____
 Social Security _____ 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, MS Science, Exceptional Children, Speech, Principal, etc.

First Choice _____ Second Choice _____
 Third Choice _____ Date available for Employment _____

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

Licensure

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 complete the information below.
 If No, please enclose a copy of all college transcripts.

Date License Issued _____ Date Effective _____ Date Expires _____
 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)) _____

REFERENCES (If not listed on resume)

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

- A. List the names of at least three references. Include current employer if employed, or last employer if not currently employed. References from relatives or persons who can only evaluate your personality and character are not acceptable references. Those 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 references from their student teaching supervisor(s) and cooperating teachers in the placement file and list names below.

Name of Reference	Position	Mailing Address	Work phone	Home phone

May we contact your present employer? Yes No Not Applicable

ADDITIONAL INFORMATION

Yes No

- Have you ever been asked to resign from a position of employment or been dismissed, fired, discharged, suspended, or otherwise subject to disciplinary actions?
- Have you ever had a teaching license of certificate suspended or revoked?
- Have you ever been convicted due to any violation of the law other than a minor traffic ticket?
- Have you ever entered a plea of nolo contendere (No Contest) to any charge against you?
- 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 answered yes to any of the above questions, please explain on a separate page and include with this application.

Driver's License Number _____ State _____ Class _____ Expiration date _____

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 Interests/Hobbies _____

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

NEPOTISM POLICY

1. To avoid nepotism, no staff member that is an immediate family member of a member of the Board of Directors or the chief administrator shall be hired without the board of directors evaluating their credentials, establishing a structure to prevent conflicts of interest, and notifying the Department of Public Instruction with evidence, that this process has occurred.

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 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 agencies, 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 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

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender (male or female), age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free 866.632.9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800.877.8339; or 800.845.6136 (Spanish). USDA is an equal opportunity provider and employer.