

## (A) PERSONAL INFORMATION

**(B) EDUCATIONAL PREPARATION**

***Please enclose copies of all college transcripts.***

Employer	Mailing Address	Kind of Work	Dates: From      To	Supervisor's Name and Phone No.

**(D) REFERENCES**

Each applicant must provide the following information to be considered for employment:

Please provide the names of **four** reference sources. Include current employer if employed, or last employer if not currently employed. References from relatives or persons who can evaluate only your personality and character are not acceptable. References that have known you for at least four years and/or are substantially familiar with your educational achievements and work history are preferred.

Name of Reference	Position	Mailing Address	Phone Number Work/Home

May we contact your present employer?

☐ Yes ☐ No

☐ Not Applicable

**(E) ADDITIONAL INFORMATION**

Please check appropriate answers:

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 action?

Yes      No      Have you ever had a professional license or certificate denied, suspended, or revoked?  
☐      ☐

Yes      No      Have you ever been arrested for, plead guilty, or convicted of any violation of the law other than  
☐      ☐      a minor traffic ticket?

Yes      No      Do you have any criminal charges pending against you or are you currently involved in any  
☐      ☐      criminal proceeding, including supervised or unsupervised probation?

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

**If applying for a teaching position, please complete sections F-I, otherwise continue to section J.**

**(F) INTENT TO TEACH**

Please state briefly your reason for wanting to teach at Southeastern Academy? \_\_\_\_\_

**(G) LICENSURE**

North Carolina law requires that all teachers, principals, and other professional school 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 Teaching License? ☐ Yes ☐ No

If yes, please enclose a copy and please complete the information below.

Date License Issued \_\_\_\_\_ Date Effective \_\_\_\_\_ Date Expires \_\_\_\_\_

<b>PROGRAM</b>	<b>LICENSURE AREA(S)</b>	<b>CLASS</b>	<b>EXPERIENCE</b>
<i>Example: 01 (initial)</i>	<i>78400 (6-9 Social Studies)</i>	<i>A</i>	<i>1 Year</i>

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

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

Have you completed North Carolina Effective Teacher Training?

☐ Yes ☐ No

*If yes, please attach a photocopy of verification.*

**(H) 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 North Carolina'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 Specialty Area(s) or Praxis II Examination ☐ Yes ☐ No

_____ <i>Month/Year</i>	_____ <i>Test code#/Test Name</i>	_____ <i>Score</i>	Copy Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <i>Month/Year</i>	_____ <i>Test code#/Test Name</i>	_____ <i>Score</i>	Copy Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ <i>Month/Year</i>	_____ <i>Test code#/Test Name</i>	_____ <i>Score</i>	Copy Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No

**(I) TEACHING EXPERIENCE** *(List chronologically all teaching experience. Do not include substitute teaching.)*

<i>Name of School</i>	<i>State</i>	<i>Position Held Grades and/or Subjects Taught (Specify)</i>	<i>Dates Mo/Yr From/To</i>	<i>Yrs</i>	<i>Supervisor's Name &amp; Phone</i>	<i>Achieved Tenure? Y/N</i>

**(J) 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. \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**(K) ADDITIONAL INFORMATION**

Please use the space below to provide whatever additional information you would like to share about yourself:

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**(L) APPLICANT'S CERTIFICATION & RELEASE OF LIABILITY**

*I, the undersigned applicant/employee hereby expressly authorize Southeastern Academy, the Southeastern Academy Board of Directors, 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 records, 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 to the Board of Directors, 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 Directors, its members, officers, agents, or its employees, I hereby release the Board of Directors to which this application is submitted and any and all providers 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 Directors or its agents to provide information about my employment in this school 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: \_\_\_\_\_