

APPLICATION for PROFESSIONAL EMPLOYMENT
Alpha Academy School System

(Please complete this application in your own handwriting)

Name _____
 Preferred First Middle/Maiden Last Nickname

Permanent Address _____
 Street City State Zip

Home Phone _____ Office _____ Contact _____

From Date _____ To Date _____

Social Security _____ - _____ - _____ New Applicant ___ Former Applicant ___ Former Employee

Positions for which application is being made (be specific). Applicant must be licensed in or eligible for license in each area of choice. Examples; K-6, Art, English, Exceptional Children-Mentally Handicapped, Social Worker, Principal, Etc.

First Choice _____ Second Choice _____

Third Choice _____ Date available for Employment _____

Please state briefly your reason for wanting to teach/work at Alpha Academy:

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 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 issued _____ Date Effective _____ Date Expires _____

PROGRAM	LICENSURE AREA(S)	CLASS	EXPERIENCE

Subject(s) in which you expect to receive a NC license

Educational Preparation

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

Please enclose copies of all College transcripts

Have you completed North Carolina Effective Teacher Training Yes No

Praxis/NTE 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.

Professional Knowledge Examination Yes No Date _____ Score _____ Copy Enclosed? Yes No

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

Date _____ code#/Test Name _____ Score _____ Copy Enclosed? Yes No

Date _____ code#/Test Name _____ Score _____ Copy Enclosed? Yes No

Date _____ code#/Test Name _____ Score _____ Copy Enclosed? Yes No

If you have 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 Number _____

SUPERVISING TEACHER _____

Address _____ Phone Number _____

COLLEGE SUPERVISOR _____ Phone Number _____

College/University Address _____ Phone Number _____

WORK EXPERIENCE**(most recent)**

Employer Name		
DATES (M/D/Y)	Employer Address _____ _____	Your Title
FROM	Phone/Email _____	Reason for leaving
TO	Duties Performed _____	
	Name/Title of Supervisor _____	Final yearly salary

WORK EXPERIENCE

Employer Name		
DATES (M/D/Y)	Employer Address _____ _____	Your Title
FROM	Phone/Email _____	Reason for leaving
TO	Work Performed _____	
	Name/Title of Supervisor _____	Final yearly salary

WORK EXPERIENCE

Employer Name		
DATES (M/D/Y)	Employer Address _____ _____	Your Title
FROM	Phone/Email _____	Reason for leaving
TO	Work Performed _____	
	Name/Title of Supervisor _____	Final yearly salary

WORK EXPERIENCE

Employer Name		
DATES (M/D/Y)	Employer Address _____ _____	Your Title
FROM	Phone/Email _____	Reason for leaving
TO	Work Performed _____	
	Name/Title of Supervisor _____	Final yearly salary

Is there any reason why you are not able to work or fulfill the expected duties for the entire school year?

___ Yes ___ No If yes, please state your reason _____

RELATED ACTIVITES

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 and use another page if needed.

Other Interest/Hobbies

Please list any other subjects which you may be qualified but 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, experience, interests and hobbies, plans and recreational activities, travel, or community experiences with children. Please feel free to elaborate on information already given elsewhere.

CRIMINAL RECORD If you answer YES to any of questions 1 through 4, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number. **NOTE:** The existence of criminal record does not automatically constitute a bar from employment.

1. Have you ever been arrested for or convicted of a crime that has not been annulled by the court?
 Yes No If yes, please explain _____

2. Have you ever been found in any dependency action, by a court of domestic actions/relations or by a disciplinary board to have sexually or physically abused or exploited any minor?
 Yes No If yes, please explain _____

3. Have you ever been convicted for anything other than a minor traffic violation?
 Yes No If yes, please list the violations _____

4. Are there any charges or proceedings pending against you?
 Yes No If yes, please explain _____

PROFESSIONAL DISCIPLINE & CITIZENSHIP If you answer YES to any of the following questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please Print and sign your name on this sheet, and include you social security number

Professionally disciplined means the annulment, revocation, or suspension of your teaching certification, or the receipt of a letter of reprimand from an agency, board of commission of state government.

Crime includes all felonies and misdemeanors.

Conviction includes all adjudications of guilt, pleas of guilty, please of “nolo contendere” (no contest), and determinations before courts, juries, judges, or magistrates, which resulted in fines, incarceration, or other sentences or probation.

1. Have you been fired, dismissed or non-renewed from a job for any reason? Yes No
2. Have you ever been professionally disciplined in any state? Yes No
3. Are you subject to any visa or immigration status that would prevent lawful employment?
 Yes No
4. Have you quit a job after being notified that you would be fired, dismissed, or non –renewed, or after being notified that you would be recommended for firing, dismissal, or non-renewal?
 Yes No

I, the undersigned applicant/employee hereby expressly authorized the Board of Education of Alpha Academy, 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, cooperation, 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. I agree to complete the Employee Security data below for investigative purposes. In consideration of the review of my employment application by the Board of Education, its members, officers, agents, or employees, I hereby release the Board of Education of Alpha Academy 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 my 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.

Employment Security Data

Last Names(s)	Middle	First	Maiden/ and all Married Names
Social Security # ____ - ____ - ____	Date of Birth _____	Sex ___ Male ___ Female	Ethnic Group ___ Asian (including Pacific Islander) ___ Black (non- Hispanic) ___ Hispanic ___ Indian (including Alaskan Native) ___ White (Non-Hispanic)
Driver's License Number _____	State _____		

Position applied for: _____

HOME ADDRESS INFORMATION
(Please List your addresses- list current address first)
(Post Office Boxes Must Indicate street address)

Dates	Address	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Mother's Maiden Name (If lived outside of the continental U.S) _____

I have read and understand 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 causes for dismissal.

Applicant Signature _____
Date

Print Applicant Name