



Helping students find Connection, Compassion & Character

## APPLICATION FOR EMPLOYMENT

### (A) PERSONAL INFORMATION

Name \_\_\_\_\_  
Preferred Title First Middle/Maiden Last Nickname

Permanent Address \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Temporary Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

\_\_\_\_\_ New Applicant \_\_\_\_\_ Former Applicant

Position for which application is being made (please be specific).  
 Applicant must be licensed or eligible for license in each area of choice.  
*Examples: K-6, Art, 9-12 English, Exceptional Children—Mentally Handicapped, Social Worker, Principal, etc.*

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

### (B) MILITARY SERVICE

Have you served in the military?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch & Rank:	Date From:	Date To:	Honorable Discharge?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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### (C) EDUCATIONAL PREPARATION

Level of Education	Name of School or University	Field of Study	Type of Degree	GPA	Dates Attended	
					From	To
High School						
College						

  

SAT/ACT Scores	Reading	Math	Writing	Total

**Please enclose copies of all college transcripts and SAT/ACT scores.**

**(D) WORK EXPERIENCE OTHER THAN TEACHING** (List Chronologically)

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

**(E) 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

**(F) ADDITIONAL INFORMATION**

Please check appropriate answers:

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from a position of employment or been dismissed, fired, discharged, suspended, or otherwise subject to disciplinary action? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a professional license or certificate denied, suspended, or revoked?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested for, plead guilty, or convicted of any violation of the law other than a minor traffic ticket?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever entered a plea of <i>nolo contendere</i> (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 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 \_\_\_\_\_

**(G) NEPOTISM POLICY**

Please list below any family members who are currently employed by Flemington Academy.

<i>Name</i>	<i>Relationship</i>
_____	_____
_____	_____
_____	_____

**If applying for a teaching position, please complete sections H-K, otherwise continue to section M.**

**(H) INTENT TO TEACH**

Please state briefly your reason for wanting to teach in North Carolina. \_\_\_\_\_  
 \_\_\_\_\_

**(I) 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 \_\_\_\_\_

PROGRAM	LICENSURE AREA(S)	CLASS	EXPERIENCE
<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.*

**(J) 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

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

**(K) 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 _____	School Phone _____	
SUPERVISING TEACHER _____	Supervisor Phone _____	
COLLEGE _____		
Address _____	College Phone _____	
COLLEGE SUPERVISOR _____	Supervisor Phone _____	

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

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

(M) 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 . \_\_\_\_\_

\_\_\_\_\_

(N) ADDITIONAL INFORMATION

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

0) APPLICANT'S CERTIFICATION & RELEASE OF LIABILITY

*I, the undersigned applicant/employee hereby expressly authorizes Thomas 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 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 am employed, false statements on this application shall be considered sufficient cause for dismissal.*

Signature: \_\_\_\_\_

Date \_\_\_\_\_

All North Carolina public school systems, including Charter Day School are equal opportunity employers and do not discriminate on the basis of race, color, religion, gender, age, disability, or national origin.

# **Quick Investigations, Inc.**

## **AUTHORIZATION FOR BACKGROUND INVESTIGATION**

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize Quick Investigations, Inc. and/or its' agents to make an independent investigation of my background in connection with an application of employment with Boys & Girls Homes of NC, Inc.

I authorize and request any present or former employer, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish Quick Investigations, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print **Full** Name: \_\_\_\_\_

Print **Maiden Name** or **Other Last Names** Previously Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Previous Addresses (past 7 years):	Dates:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

North Carolina Division of Social Services  
Responsible Individuals List (RIL) Information Request

**INSTRUCTIONS (Please read carefully):**

- ⇒ ALL INFORMATION ON THIS FORM MUST BE **TYPED**.  
⇒ THE APPLICANT'S IDENTIFYING INFORMATION MUST BE **VERIFIED**.

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

**All sections of this form must be completed by the requesting agency**, signed and dated by the requesting agency and the prospective applicant.

Requests for information may be submitted to:

FAX: (984) 285-7159

OR

MAIL: (include a self-addressed stamped envelope):

NC Division of Social Services  
ATTN: RIL  
952 Old US Hwy 70  
Black Mountain, NC 28711

**REQUESTING AGENCY INFORMATION:**

Agency Name: Boys & Girls Homes of NC  
Address: P O Box 127  
City/State/Zip: Lake Waccamaw, NC 28450  
Phone: 910 646 3083  
FAX: 910 646 3609  
EMAIL: tesa.bush@bghnc.org

**TYPE OF AGENCY (Check one):**

- ☐ Child Placing Agency (Foster) ☐ County Child Welfare Agency  
☐ Child Placing Agency (Adopt) ☐ NC Guardian ad Litem Program  
☒ Group Home Facility ☐ Foster Parent Applicant

AGENCY CERTIFICATION: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am representing one of the types of agencies listed above and I am requesting this information in order to determine the fitness of individuals to care for or adopt children. I will only use the information requested to approve the applicant or hire/use the services of the individual. I have verified as correct, the name, date of birth, and Social Security number of the applicant.

Name and Title (Typed): Tesa Bush, HR Compliance  
Signature: Tesa Bush

**APPLICANT INFORMATION: (Typed & Verified)**

First Name MI Last Name

Date of Birth (MM/DD/YYYY):

Social Security Number (FULL):

Gender: ☐ Male ☐ Female

Other names used (maiden, nickname, former married name, etc.):

**APPLICANT ACKNOWLEDGEMENT:**

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the named agency on this form, whether my name appears on the RIL, indicating that I am identified as being responsible for the abuse and/or serious neglect of a juvenile.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NCDSS Office Use Only**

- ☐ Form submitted incomplete  
☐ Ineligible to request information  
☐ As of \_\_\_\_\_, applicant's name is NOT on the RIL.  
☐ As of \_\_\_\_\_, applicant's name is on the RIL.

Completed by:

Staff Name (Print)

Signature