

Albemarle School

"Inspiring excellence and character in a nurturing environment"

APLICATION FOR EMPLOYMENT

DATE:

NOTE TO APPLICANT: In order to help us process your application and to insure it receives the attention it deserves, please type or clearly print in ink, your responses to all applicable items. We must be able to contact any applicant by mail or telephone. Please provide complete address and phone numbers.

NAME:					
ADDRESS:					
NE: CELL PHONE:					
OSITION DESIRED:					
BACKGROUND INFORMATION					
Special areas of coaching, talents, directing, interests, and ability:					
College activities and/or honors received before or since graduation:					
Are you under a legal or moral obligation to accept or continue employme					
When could you begin work?					
Score on National Teacher Application:					
General Knowledge: Professional knowledge: Teaching Area Score:	_ Communication Skills: Specify Area:				
Transcript of college of work (Please check one): Enclosed:					
Certified in what areas:					
Received from state of: Social Security #					

EDUCATION							
Name and Location of School (High School, College, Graduate Work, and Summer Sessions; In Order Taken)		Semesters Completed		Degree or Diploma	Major Subject & Semester Credit Hours	J	
High School	N/A						
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TEACHING OR RELATED EDUCATIONAL EXPERIENCE (Attach additional sheet if necessary)

Name and Location of School	Dates	Number of Months	Nature of Work or Supervision (Specify Grades and Subjects Taught and Any Extra-curricular Work Handled)
Total Years E	xperience		

Have you ever failed to be re-employed to a position? _____. If yes, why? _____

REFERENCES

Please include superintendents and principals under whom you taught. Beginning teachers should include the director of their training, campus and school. If you have a placement file at your college or university, please request it to be mailed to our office. We wish permission to contact your references listed in the placement file or in a supervisory capacity related to previous employment, in order to complete you application. Yes _____ No _____

If no, why?

Name	Complete Address Including Zip Code and Telephone Number(s)	Occupation and Title

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and liscensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

All applicants are subject to a criminal background check.