

Employment Application

Position(s) for which you are applying:			Full	Time	Part Time	
	Pe	ersonal Info	rmation			
Name						
Name:(Last)		(First)		(Middle/Maid	iden)	
Addraga						
Address:(Street)		(City)		(State))	(Zip Code)
Home Phone:			Mobile Phone:			
E-Mail Address:						
L-Ividii Address						
			<i>37</i>			
Do you hold a current North Carolina		ning License	? Yes No			
If yes, please list Licensed Areas / Sub Date Issued:	ects: Expiration D	ate:		(please a	ittach a ph	otocopy)
				(P-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		//
	Testing Rec	<u>uirements (</u>	for Lead Teachers only)			
The National Teacher Examination (National Teacher Examination (Na	ITE) / PRAXIS Series	s Tests are re	equired for all lead tea	cher applicants inclu	ding those	from
NTE: Have you taken the NTE?	Yes I	No	If yes, who	en?		
Professional Knowledge Scol	re:			re:		
PRAXIS: Have you taken the PRAXIS?	Yes 1	No				
Principles of Learning & Teach			PRAXIS I	l Subject Access Scor	res:	
If you have never been issued a NC Li	cense please attach	a copy of you	IF NITE / DDAYIS score	es. Those scores may	v be reque	etad from:
NTE/The PRAXIS Series, ETS, CN 60			31 N1 E / 1 1 V-V (10 3 COR	es. These scores may	y be reque.	sted iiom.
		Educati	on			
	Dates Attended		ded			
Name of School	City and State	Degree	Major	From	То	Overall GPA
				Month / Year Mo	onth / Year	

Work Experience

Please start with your most recent position. Complete all information even if you include a resume. Please list full time and part time experience separately.

Salary ratings are based on verifiable experience listed on this application. If additional previous experience is later verified, a prospective change in salary (if any) would be effective on the date of the rating change.

Name of School or Company: Public School (if applicable) Address:	(City) (State)	(Zip Code)	From: Full Time Phone:	Part Time	
			May We Contact?	Yes	No
Public School (if applicable) Address:(Street)	(City) (State)	(Zip Code)	From: Full Time Phone:	To:)
Job Title:	Grade(s) and/or Subj	ect(s) Taught:			_
			May We Contact?	Yes	No
	Private School (if applicable) (City) (State)	(Zip Code)	From: Full Time Phone:	To: Part Time)
Job Title:		,			_
Name and Title of Supervisor:			May We Contact?	Yes	No

If you have additional experience, please include the information on a separate sheet.

Additional information

If you answer Yes to any of questions 1-6 below, please explain on an attached sheet of paper.

Have you ever been convicted of or pled guilty or no contest to a crime, either misdemeanor or a felony, other than minor traffic offenses?	Yes	No
Do you have criminal charges or proceedings pending?	Yes	No
Have you ever been suspended, dismissed, non-renewed, fired, or discharged from a position of employment?	Yes	No
4. Have you ever had a teaching license suspended or revoked?	Yes	No
5. Have you ever been asked to resign from a position of employment?	Yes	No
6. To your knowledge, has an investigation into improper or illicit actions by you been conducted (or was such an investigation pending) at the time of your resignation from prior employment?	Yes	No
7. Are you a citizen of the United States?	Yes	No
8. If not, do you possess a current alien registration card or Visa?	Yes	No

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three references, such as prin competence.	ncipals and superv	isors, who have first har	nd knowledge of y	your
		Title:		
		Phone:		
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			(9(1)	
	(City)		(State)	(Zip Code)
		Title:		
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	(City)		(State)	(Zip Code)
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	(City)		(State)	(Zip Code)
	ompetence.	hree references, such as principals and supervious principals and supervious (City)	hree references, such as principals and supervisors, who have first har competence. Title: Phone:	hree references, such as principals and supervisors, who have first hand knowledge of sompetence. Title:

To ensure that individuals who join River Mill Academy are well qualified and have a strong potential to be productive and successful, it is the policy of River Mill Academy to check the employment references of all applicants.

I understand and agree that, if offered employment by River Mill Academy, I consent to a criminal records check. I also understand and agree that any failure to comply with, complete, or meet such requirements by me will result in the denial of my employment, the withdrawal of my conditional offer of employment, or discharge, as applicable.

I have read this information carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I authorize River Mill Academy to make an investigation and inquiries of my prior employment history, my qualifications and abilities, my statements in this application, my criminal history/records, and any other related matters in arriving at an employment decision. I hereby authorize my previous employers to provide all information that they may have concerning my past employment. I release River Mill Academy from any and all potential liability arising from such investigation and inquiries of the above information and/or the completion of the above criminal record check requirement.

I understand that any omission of fact or false or misleading information given in this application for employment, any attachments to it, or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, suspension, or discharge, as applicable.

Signature:	Date:

Return Application To: River Mill Academy • 235 Cheeks Lane • Graham, NC 27253

Notice:

In compliance with federal laws, River Mill Academy administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law. Inquiries or complaints should be directed to the Chairman of the Board of Directors, River Mill Academy, 235 Cheeks Lane, Graham, NC 27253.