

Christocrats Academy of Science & Technology

Developing the Leaders of Tomorrow in a Christ-Centered Environment

EMPLOYMENT APPLICATION

Date of Application: _____ Date Available for an Interview: _____

Referred By: _____

When are you available to begin work? _____

PERSONAL INFORMATION

Title: Dr. _____ Mrs. _____ Ms. _____ Rev. _____

Full Name _____

Home Address _____

Mailing Address _____

E-mail address _____

Home Telephone _____ Cell Phone _____

Business Phone _____ Fax _____

Social Security Number: _____

Spouse Name: _____

Please provide the name, address, and telephone number of someone who should be contacted in case of an emergency:

Full Name _____

Relationship to you _____

Home Address _____

Home Telephone _____ Cell Phone _____

Please indicate below the position(s) for which you are applying.

INSTRUCTIONAL POSITIONS *Grade levels may be combined (check all that apply) Circle subjects or courses.*

- Early educator lead kindergarten threes
- Private kindergarten teacher
- Kindergarten assistant teacher K3 K4 K5
- Elementary lead teacher Grade level(s) ____ Subject(s) _____
- Middle School lead teacher Grade level(s) ____ Subject(s) _____
- High School lead teacher Grade level(s) ____ Subject(s) _____
- Substitute Teacher Grade level(s) ____ Early Education ____ Elementary ____ Middle School ____ High School
- Extra or Co-Curricular (e.g., Art, Dance, Coaching, etc.) _____
- Other _____

Please indicate any grade or age group preference you have: _____

Other subjects or extra-curricular programs (i.e., cheerleading, chess, track coach, volleyball, etc.):

CERTIFICATION

If yes, date issued: *Please attach a copy.*

Certification agency _____

Certified Areas/Subject _____

Endorsements _____

Other _____ Expiration Date _____

Have you taken the Praxis?

If yes, when? _____

If not, when do you plan to take it? _____

Basic Skills Assessment Date/Score: _____

Content Assessment Date/Score: _____

Professional Pedagogy Assessment Date/Score: _____

Educational Leadership Assessment Date/Score: _____

Paraprofessional Assessment Date/Score: _____

Please attach a copy of your CDA, NTE, GACE, Praxis, or GRE Scores. NTE Scores may be requested from: National Teacher Examinations, ETS, CN 6015, Princeton, NJ 08541-6050.

COMPUTER EXPERIENCE

Please list below your experience with computers and software programs. List all software (programs or operating systems) and/or hardware (equipment) with which you have experience and of which you possess a working knowledge.

EDUCATION

College /University _____ City/State _____

Degree _____ Major _____

Dates Attended _____ Overall GPA _____

College /University _____ City/State _____

Degree _____ Major _____

Dates Attended _____ Overall GPA _____

College /University _____ City/State _____

Degree _____ Major _____

Dates Attended _____ Overall GPA _____

Copies of all College and / or University transcripts, both undergraduate and graduate, must be filed with your application or soon after it has been submitted.

Ten Year Employment Record

Begin with your most current or last employer. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g., student, home with your children, unemployment, etc. If you need additional space, please use separate employment record form.

May we contact previous employers? Yes No

Month/Year	Name, Address, Phone # of Employer	Position/Duties	Reason for Leaving
From _____ To _____			
From _____ To _____			
From _____ To _____			
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From _____ To _____			

STUDENT TEACHING OR FIELD EXPERIENCE (IF APPLICABLE)

If student teaching was completed within the **last three years** supply the following information:

School: _____ **Grade/Subject:** _____

Address: _____

Dates: From: (M/D/Y) _____ To: (M/D/Y): _____

Cooperating Teacher: _____ Telephone: _____

College Supervisor: _____ Telephone: _____

College/University Address: _____

School: _____ **Grade/Subject:** _____

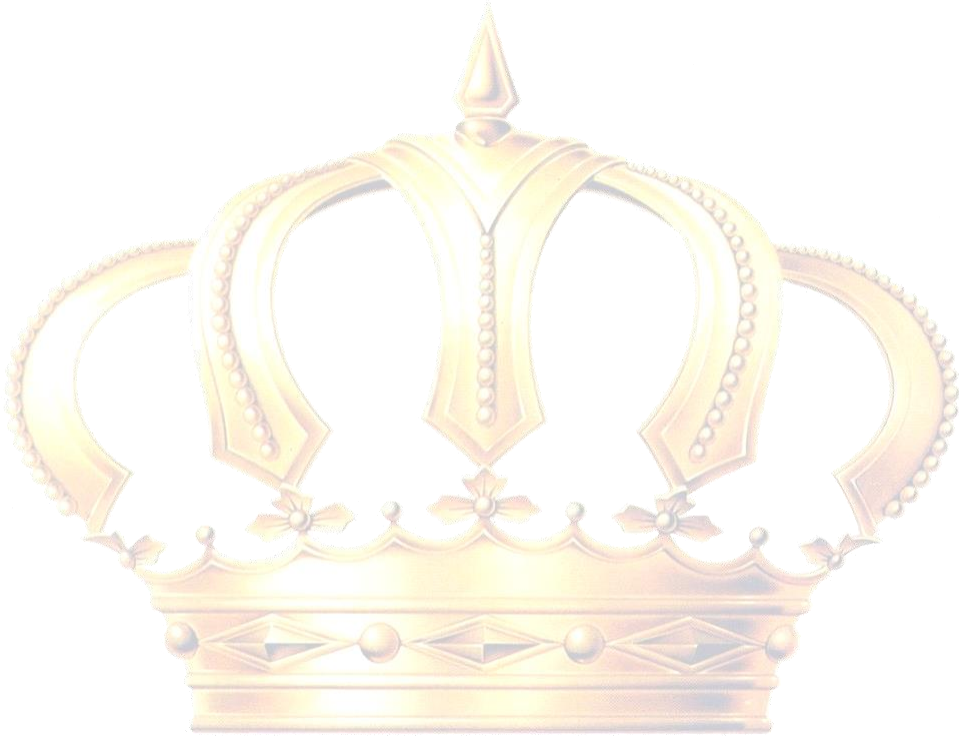
Address: _____ Dates: _____

From (M/D/Y): _____ To: (M/D/Y): _____

Cooperating Teacher: _____ Telephone: _____

College Supervisor: _____ Telephone: _____

College/University Address: _____



TEACHING OR INSTRUCTIONAL EXPERIENCE

Beginning with your most recent position, list all teaching or instructional support experience for which you have been compensated. Please complete all information even if you include a resume.

Name of School: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Job Title/Grade(s) and/or Subject Taught: _____

Reason for leaving: _____

Name and title of supervisor: _____ May we contact? YES NO

Name of School: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Job Title/Grade(s) and/or Subject Taught: _____

Reason for leaving: _____

Name and title of supervisor: _____ May we contact? YES NO

Name of School: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Job Title/Grade(s) and/or Subject Taught: _____

Reason for leaving: _____

Name and title of supervisor: _____ May we contact? YES NO

Name of School: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Job Title/Grade(s) and/or Subject Taught: _____

Reason for leaving: _____

Name and title of supervisor: _____ May we contact? YES NO

Name of School: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Job Title/Grade(s) and/or Subject Taught: _____

Reason for leaving: _____

Name and title of supervisor: _____ May we contact? _____ YES _____ NO



NON-INSTRUCTIONAL EXPERIENCE (K-12th gr. Teachers)

Employer: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Your position/title: _____

Reason for leaving: _____

Name and title of supervisor: _____

May we contact? YES _____ NO _____

Employer: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Your position/title: _____

Reason for leaving: _____

Name and title of supervisor: _____

May we contact? YES _____ NO _____

Employer: _____

From (M/D/Y): _____ To (M/D/Y): _____

Address: _____

Phone: _____

Your position/title: _____

Reason for leaving: _____

Name and title of supervisor: _____

May we contact? YES _____ NO _____

REFERENCES

List persons, such as former employers, pastors, supervisors, and instructors, who have firsthand knowledge of your professional preparation, experience, and competence, as well as your spiritual maturity. A minimum of three references is requested. *Incomplete/inaccurate reference information (i.e., names, addresses, zip codes, phone numbers, etc.) may make it difficult for your application to be given further consideration.*

Name: _____

School/Company _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name: _____

School/Company _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____

Name: _____

School/Company _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____



PERSONAL HISTORY

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying? If so, please describe:

Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? If so, what was the felony or misdemeanor?

Have you ever been convicted of child abuse of any kind? If so, please describe:

Why do you wish to teach/work at CAST? _____

What church do you attend? _____

Please briefly give your personal Christian testimony:

Please list the curriculum with which you are familiar and corresponding grade levels:

List in order of priority what you consider to be the three most important objectives of Christian education or leadership and mentoring:

1. _____
2. _____
3. _____

Why have you chosen your major or career? _____

In the last year, what have you done to enhance your knowledge in any area that was not required or paid for by any employer, educational institution, or other person? Please include lists of books or periodicals which you have read which were not required for school.

Have you attended/completed any South Carolina Department of Education approved training courses? _____ Yes _____ No

If so, please provide a copy of your Professional Development Registry profile.

Have you attended accounting or leadership courses? _____ Yes _____ No

Do you have a criminal record? _____ Yes _____ No If yes, explain:

Have you ever been shown by credible evidence, e.g., a court order or jury, a law enforcement investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

If so, explain:

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? _____ Yes _____ No If no, please explain.

Do you have a valid driver's license?

If yes, give license number and class of license: _____

Have you had CPR training within the past two years? If yes, give expiration date: _____

Have you had first aid training within the past three years? If yes, give expiration date: _____

South Carolina Department of Social Services requires 15 hours of annual health and safety training in addition to first aid/CPR training for teachers, are you willing to participate? _____

Applicant's Certification and Agreement

I understand that **CAST** does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre- employment testing, and actual employment. but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying. All paid and volunteer staff members must have a health appraisal before their first involvement in work with children. The appraisal should identify any accommodations required for the staff person to carry out assigned duties per that person's job description.

I hereby certify that I have read the job description for the position for which I am applying, and am in all respects, able to adequately perform the essential functions and duties as described.

The pre-employment staff health appraisal must include:

Health history.

Physical examination.

Dental examination.

Vision and hearing screening.

Results and appropriate follow-up of tuberculosis (TB) screening using the tuberculin skin test or interferon-gamma release assay once on entry into the childcare field with subsequent TB screening as determined by a history of high risk for TB thereafter (e.g., foreign born, history of homelessness, HIV infected, contact with a prison population or someone with active TB).

Review and certification of up-to-date immune status per the current adult immunization schedule on the CDC Web site at www.cdc.gov/vaccines. Any staff person who is not up to date with current recommended vaccines will be reminded that this is a job-related requirement. Unless an under-immunized employee or volunteer person has a medical exemption for a specific type of vaccine, failure to obtain the vaccines recommended by the CDC is grounds for termination.

I hereby certify that the facts set forth in this application process are true and complete to the best of my knowledge. I understand that falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of release.

I authorize **CAST** to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my life and employment, without giving me prior notice of such disclosure. In addition, I hereby release the school, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

Since I will be working with children, I understand that I must submit to a criminal record check and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize the school to conduct a criminal record check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background and other pre- employment screening information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or that it could reflect adversely on the facility or on me as a role model for the students. I understand that this is only an application for employment and that an employment position is not being offered at this time.

I am aware that before awarding the position, **CAST** will conduct the following pre- employment background check on all candidates:

- Social Security Verification;
- Prior Employment Verification;
- Education Verification all levels;
- Residence Verification;
- Criminal Background Investigation – Local, State, & Federal;
- Sexual Offender Database Search.

In addition, candidates for designated positions may also be subject to the following additional types of checks, depending on the requirements of the position:

- Motor Vehicle Record (drivers for field trip or other student transportation);
- Professional Reference Checks;
- State/Federal Civil Litigation, Lien & Judgments (administrative, finance and business office, etc.);
- Credit Verification (administrative, finance and business office, etc.);
- Corporate Filing and Status Search (administrative, consultants, etc.);
- Media Search;
- Professional Licensing Check (instructional, consultants, trainers, and the like).

CAST will maintain a summary of job classifications and applicable categories of inquiry that may be amended as necessary by the school as needs and requirements may evolve.

I certify that all information on this application is correct. It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of the application process and/or separation from the company if I have been employed. *I have not given any false statement concerning my qualification requirements.*

Candidate Signature

Date

