

The Cape Fear Center for Inquiry

Please submit application to:
Human Resources Coordinator
Cape Fear Center for Inquiry

Employment Application

2525 Wonder Way
Wilmington, NC 28401
Phone 910-343-6443
Fax 910-362-9522

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip Code

Home Phone: () _____ Contact Phone: () _____

Email : _____

POSITION APPLYING FOR (Check as many as are appropriate)

___ **Teacher**--List grade level(s), subject(s) or Exceptional Children area 1. _____
Note: Applicant must be certified or certifiable in each area of choice 2. _____

___ **Specialist**--List area (Art, Music, etc.) _____
Note: Applicant must be certified or certifiable in each area of choice

___ **Teacher Assistant**

___ **Substitute**

___ **Other position**--List _____

Today's date _____ Date available for employment: _____

How did you learn about this vacancy: _____

Certification: List below any current or expired teaching license or certification.

State: _____ Code and Area: _____ Expiration Date: _____
State: _____ Code and Area: _____ Expiration Date: _____
State: _____ Code and Area: _____ Expiration Date: _____

Have you ever attained tenure in a North Carolina school system: ___ Yes ___ No
If yes, please list the district and the year it was attained: _____ Year: _____

Educational Preparation

Level of Education	Name of School/University City/State	Dates Attended From	To	Major	Degree
--------------------	---	------------------------	----	-------	--------

High School

Other

College

College

College

Background Information

Please check the appropriate answer:

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Have you ever been suspended, dismissed, fired, or discharged from a position of employment? |
| ___ | ___ | Have you ever had a teaching certificate suspended or revoked? |
| ___ | ___ | Have you ever been asked to resign from a position of employment? |
| ___ | ___ | Have you ever been convicted of any violation of the law other than a minor traffic ticket? |
| ___ | ___ | Do you have criminal charges or procedures pending? |

If you answer yes to any of the above questions, please explain on a separate page and include with this application. Applications without such explanation will not be considered.

Work Experience: List positions chronologically with the most recent first, account for all periods of unemployment, attach additional sheets if necessary.

Employer	City/State	Dates of Employment	Position	Supervisor's Name and phone number
----------	------------	---------------------	----------	------------------------------------

References: You should obtain three written references from persons who have firsthand knowledge of your educational and work background, teaching ability, and other qualifications. You may submit written letters of recommendation from appropriate individuals or letters that are part of your placement office's credential file. Application may be submitted without references. References should be mailed/ faxed to the Human Resources Coordinator at the address/fax listed on page 1. The names you list below must match your reference forms.

Name of Reference	Position/Relationship	Phone Numbers-work and cell if available
-------------------	-----------------------	--

1. _____
 2. _____
 3. _____
-
-

Perspective: Answer on a separate sheet in your own handwriting.

1. Explain why you would like to teach at CFCI. Include your preparation for and/or experience teaching in an inquiry-based format.
 2. What other additional information would you like to share about yourself? Please include any additional information regarding your cultural and educational background, career goals, or any recreational activities, travel or experiences with children relative to your employment.
-
-

To avoid conflict of interest, list any current CFCI board member or staff member with whom you have any relationship (family, friend, coworker, business, etc.) and cite the relationship.

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

ATTACH A CURRENT RESUME TO THIS APPLICATION

The Cape Fear Center for Inquiry

Authorization for Release of Information

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina History Records Information Check in connection with my application for employment or my employment with The Cape Fear Center for Inquiry pursuant to N.C.G.S. 114-91.2. I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to The Cape Fear Center for Inquiry, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

The undersigned applicant/employee hereby expressly authorizes the CFCI Board, 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. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board, its agents, or its employees, any information they may have regarding me in consideration of the review of my employment application by the Board, its members, officers, agents, or its employees. I hereby release the Board and any and all providers of information whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as duplicate original.

Last Name	First	Middle	Maiden
_____	_____	_____	_____
(Print or type)			

Social Security Number	Date of Birth	Sex	Race
_____	_____	_____	_____

I have read the information contained in the application and any addendums carefully, and certify that the information that I have given is correct and complete. I understand that if I am employed, false statements or omissions of facts on this application shall be considered sufficient cause for dismissal. This application will be kept confidential. Please be advised that no material sent in to CFCI as a part of this application such as letters of reference, certificates or licenses will be returned to the applicant.

Signature of Applicant: _____ Date: _____

The Cape Fear Center for Inquiry is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, disability, or national origin.

Thank you for your interest in working with the children enrolled in The Cape Fear Center for Inquiry.