

# The Cape Fear Center for Inquiry

Please submit application to:  
**Cape Fear Center for Inquiry**  
3131 Randall Parkway  
Wilmington, NC 28403

## Substitute Teacher/Teacher Assistant Application

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### Biographical Information

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Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

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Indicate position for which application is being made:  
Note: Applicant must be certified or certifiable in area indicated

Substitute teacher: \_\_\_\_\_ Date available for employment: \_\_\_\_\_  
Teacher Assistant: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

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How did you learn about this vacancy: \_\_\_\_\_

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### Certification

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North Carolina Certification: (enclose copy of certificate)

Area: \_\_\_\_\_ Class: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Area: \_\_\_\_\_ Class: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Area: \_\_\_\_\_ Class: \_\_\_\_\_ Years Experience: \_\_\_\_\_

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

Out-of-State Certification: (enclose copy of certificate)

State: \_\_\_\_\_ Area: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
State: \_\_\_\_\_ Area: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
State: \_\_\_\_\_ Area: \_\_\_\_\_ Years Experience: \_\_\_\_\_

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**References:**

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You should obtain a minimum of three (3) 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. In all cases, the names and addresses you list below must match your reference forms.

Name of Reference	Position/Relationship	Complete Address	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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**Related Activities**

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Please list below those school activities in which you are interested and which you are qualified to supervise or direct. Please be specific about experience and use another page if necessary.

_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Perspective**

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1. Explain why you would like to teach at CFCI.
  
2. Explain how you will get the children excited about your program.
  
3. In the space below give (in your own handwriting) whatever additional information you would 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.

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To avoid conflict of interest, list any CFCI board member to whom you are related and cite the relationship.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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The undersigned applicant/employee hereby expressly authorizes the 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.

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 on this application shall be considered sufficient cause for dismissal. This application will be kept confidential.

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

Signature of Applicant: \_\_\_\_\_

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.**

## 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.

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>
_____	_____	_____	_____
(Print or type)			

<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>
_____	_____	_____	_____

**Previous Address** (Last five years, listing city, county, and state)

	<b>City</b>	<b>County</b>	<b>State</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

\_\_\_\_\_  
Applicant's/Employee's Signature

\_\_\_\_\_  
Date

