

The Cape Fear Center for Inquiry

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

Teacher Application

Biographical Information

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip Code

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

Grade level(s) for which application is being made:

Note: Applicant must be certified or certifiable in each area of choice

First Choice: _____ Date available for employment: _____

Second Choice: _____

Third Choice: _____

How did you learn about this vacancy: _____

Certification

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: _____

Educational Preparation

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

Other

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.

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

Employer	Dates of Employment	Address City/State	Position	Supervisor's Name and phone number
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References:

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. _____	_____	_____	_____

Related Activities

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.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Perspective

1. Explain why you would like to teach at CFCI. Include your preparation for and/or experience teaching in an inquiry-based format.

2. 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.

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

Name: _____
Name: _____

Relationship: _____
Relationship: _____

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.

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

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

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

	City	County	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

