

## **Substitute Teacher Application for Employment**

| Name                              |                       |                |                  |          | Date     | e              |                   |
|-----------------------------------|-----------------------|----------------|------------------|----------|----------|----------------|-------------------|
| Home Address                      |                       |                |                  |          |          |                |                   |
| Street                            |                       |                |                  | City     |          | State          | Zip               |
| Home number                       |                       |                | Cell number      |          |          |                |                   |
| Email                             |                       |                |                  |          |          |                |                   |
| Current Employer                  |                       |                | Position         |          |          |                |                   |
| Employment Address                |                       |                |                  |          |          |                |                   |
| Street                            |                       |                | City             |          |          | State          | Zip               |
| Languages spoken with proficiency |                       |                | with familiarity |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
| Education (List mo                | st recent first to    | high school    | .)               |          |          |                |                   |
| School/University                 | Program/Co            | ourse of Study |                  | Duration |          | Degree/Diploma |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                | -                | _        |          |                |                   |
| Certifications (Atta              | ch a copy of all      | certification  | s/lice           | nses.)   |          | Voors          | f Tooghing        |
| State Certificate Issued          | Area of Certification | Effective Date |                  | Expirat  | ion Date | Experie        | f Teaching<br>nce |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |
|                                   |                       |                |                  |          |          |                |                   |

## Work Experience (List most recent first. Use additional page if necessary.)

| Employer  |   | Address                      |                  |  |  |  |
|---|---|------------------------------|------------------|--|--|--|
|   |   |                              |                  |  |  |  |
| Position  |   | Supervisor's Name            | Telephone Number |  |  |  |
| May we contact employer? Yes \( \subseteq \text{No } \subseteq \) Date Employed (mo/yr)  Date Separated (mo/yr) |   | l<br>n and responsibilities. |                  |  |  |  |
| Reason for Leaving  | 1   |                              |                  |  |  |  |
|   |   |                              |                  |  |  |  |
| Employer  |   | Address                      |                  |  |  |  |
| Position  |   | Supervisor's Name            | Telephone Number |  |  |  |
| May we contact employer?<br>Yes □ No □  | Describe job position and responsibilities. |                              |                  |  |  |  |
| Date Employed (mo/yr)   |   |                              |                  |  |  |  |
| Date Separated (mo/yr)  |   |                              |                  |  |  |  |
| Reason for Leaving  |   |                              |                  |  |  |  |
| For what position are you applying:   | ? Mark all that apply:                      |                              |                  |  |  |  |
| ☐ Greek Substitute ☐ K-5 Substitute ☐ Middle School Substitute  |   |                              |                  |  |  |  |
| Type of teaching preferred (age, level, subject, special methods, part- or full-time)                           |   |                              |                  |  |  |  |
| What are your professional goals in the next five years?  |   |                              |                  |  |  |  |
|   |   |                              |                  |  |  |  |
| Special training programs, seminars, workshops:   |   |                              |                  |  |  |  |
| Hobbies/special talents (music, art, drama, sports, crafts, technology, etc.):                                  |   |                              |                  |  |  |  |
|   |   |                              |                  |  |  |  |
| When will you be available to begin employment with Socrates Academy?   |   |                              |                  |  |  |  |

| ☐ Internal vacancy announcement ☐ Interviewed on college campus ☐ Referred by a friend  |  |  |  |
|---|--|--|--|
| ☐ Administrative/professional reference ☐ Internet ☐ Job Fair ☐ College Placement Office  |  |  |  |
| ☐ Referred by a Current Socrates Family ☐ Newspaper/ advertisement. What publication?   |  |  |  |
|   |  |  |  |
| If you answer yes to any of the questions below, please explain on an attached sheet of paper.  |  |  |  |
| 1. 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  No |  |  |  |
| 163   |  |  |  |
| <ul><li>2. Do you have criminal charges or procedures pending?</li><li>Yes □ No □</li></ul>   |  |  |  |
| 3. Have you ever been suspended, dismissed, non-renewed, fired or discharged from a position of employment? Yes $\Box$ No $\Box$                              |  |  |  |
| <ul><li>4. Have you ever had a teaching license suspended or revoked?</li><li>Yes □ No □</li></ul>  |  |  |  |
| 5. Have you ever been asked to resign from a position of employment?  |  |  |  |
| Yes □ No □  |  |  |  |
| 6. Are you a citizen of the United States?  Yes □ No □  |  |  |  |
| 7. If not, do you possess a current alien registration card or Visa?  |  |  |  |
| Yes   No  |  |  |  |
| 8. Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations?                             |  |  |  |
| Yes  No  No   |  |  |  |
| If no, please explain   |  |  |  |
|   |  |  |  |
| 9. Do you have a clear, valid and current North Carolina Teaching License?  Yes □ No □ Expiration Date:   |  |  |  |
| If you would like, please explain any accommodations needed   |  |  |  |
|   |  |  |  |

How did you hear about Socrates Academy?

State Law requires completion of a North Carolina health examination certificate as a prior condition of employment for school employees. Thus, a completed health certificate must be received by Socrates Academy prior to your beginning work. Socrates Academy also conditions employment on pre-employment drug and or/alcohol testing, criminal record checks and fingerprinting.

I understand and agree that, if offered employment by Socrates Academy, I will (1) complete and return a North Carolina health examination certificate, (2) consent to, complete and pass a drug and/or alcohol test in accordance with Socrates Academy policy, and (3) consent to fingerprinting and 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, if made, 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 further authorize Socrates Academy Public Charter School 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 further release Socrates Academy and its board members, employees and other agents of and from any and all potential liability arising from such investigation and inquiries of the above information and/or the completion of the above health examination certificate and fingerprinting and criminal record check requirements.

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) will result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, suspension or discharge, as applicable.

| Date | Signed |  |
|------|--------|--|
|      | -      |  |

In order to be considered for an interview you must provide the following:

- Socrates Academy Application
- Resume
- 3 personal or professional telephone contacts

Send to: Careers

Socrates Academy 3909 Weddington Road Matthews, NC 28105

Please do not submit an employment application if the packet is not complete. Incomplete packets will not be considered. If you have questions, contact Lena Bakis at 704-321-1711 or lbakis@socratesacademy.us

## **Notice**

Socrates Academy Public Charter School is an Equal Opportunity Employer and does not discriminate against any person on the basis of sex, race, color, religion, age or disability in any of its educational or employment programs or activities. The Academy is an at-will employer that offers an employment contract from year to year.