

# APPLICATION FOR PROFESSIONAL EMPLOYMENT

Please complete this application in your own handwriting.

Please submit Application, References, Transcripts, Etc., to: **Personnel Department, Madison County Schools  
5738 US Highway 25/70, Marshall, NC 28753**

## Personal Information

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

Preferred Title      First      Middle      Maiden      Last      Nickname

Permanent Address: \_\_\_\_\_

Street      City      State      Zip

Temporary Address: \_\_\_\_\_

Street      City      State      Zip

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

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ [ ]New Applicant [ ]Former Applicant [ ]Former Employee

Positions for which application is being made (be specific): Applicant must be licensed or eligible for license in each area of choice. Examples: K-6, Art, 9-12 English, Exceptional Children-Mentally Handicapped, Social Worker, Principal, etc.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Date Available for Employment: \_\_\_\_\_

Please state briefly your reason for wanting to teach in Madison County Schools. \_\_\_\_\_

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## Licensure

North Carolina law requires that all teachers, principals and other professional school personnel hold a valid North Carolina License. It is your responsibility to obtain and maintain your license in a current status. Please note that individuals qualifying for a North Carolina license based on reciprocity with another state are required to meet North Carolina's National Teachers' Examination/Praxis II requirement.

Do you hold a North Carolina License? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please enclose a copy and please complete the information below.

Date License Issued: \_\_\_\_\_ Date Effective: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Program	Licensure Area(s)	Class	Experience
Example: 01 (Initial)	78400 (6-9) Social Studies	A	1 Year

Subject(s) in which you expect to receive a NC license. [If you do not have one] \_\_\_\_\_

Other states in which you hold a valid teaching license/certificate. [Please send copy(s)] \_\_\_\_\_

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**Educational Preparation**

Level of Education	Name of School or University	State	Dates Attended	Type of Degree Earned
High School				
College				

Please enclose copies of all transcripts.

Have you completed Effective Teacher Training? \_\_\_Yes \_\_\_No If yes, attach a photocopy of verification.

**Praxis/National Teachers' Examination Scores**

North Carolina requires passing scores on NTE/Praxis Examinations to qualify for a teaching license. Even individuals qualifying for a North Carolina license based on reciprocity with another state are required to meet North Carolina's NTE/Praxis II requirements. Please complete the section below indicating which tests you have taken and enclose a copy of your score report(s) if applicable.

Professional Knowledge Examination \_\_\_No \_\_\_Yes \_\_\_\_\_  
 Month Year Score Copy Enclosed? \_\_\_No \_\_\_Yes

NTE Specialty Area(s) or Praxis II Examination. \_\_\_No \_\_\_Yes  
 \_\_\_\_\_  
 Month Year Code # /Test Name Score Copy Enclosed? \_\_\_No \_\_\_Yes

\_\_\_\_\_  
 Month Year Code # /Test Name Score Copy Enclosed? \_\_\_No \_\_\_Yes

**Student Teaching**

If you completed student teaching within the last three years, please supply the following information:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Grade or Subject: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Supervising Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

College Supervisor: \_\_\_\_\_

College/University Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Teaching Experience** (List chronologically all teaching experience. Do not include substitute teaching).

Name of School	State	Position Held, Grades and/or Subjects Taught (Specify)	Dates From and To	Name of Supervisor	Telephone No.

Have you ever achieved tenure in a North Carolina school system? \_\_\_\_\_

If yes, when and where? \_\_\_\_\_

**Work Experience Other Than Teaching ( List Chronologically )**

Employer	City/County	State	Kind of Work	Dates	Supervisor's Name & Phone #

**References**

Each applicant must provide the following information to be considered for employment in Madison County Schools:

- A. The names of at least four reference sources. Include current employer if employed, or last employer if not currently employed. References from relatives or persons who can evaluate only your personality and character are not acceptable. References who have known you for at least four years and/or are substantially familiar with your educational achievements and work history are preferred.
- B. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and cooperating teacher(s) in the placement file and list names.

Name of Reference	Position/Relationship	Mailing Address	Work Phone	Home Phone

May we share your name/application with other school employers as they request referrals? \_\_\_\_ Yes \_\_\_\_ No

**Additional Information**

Please check appropriate answer:

Yes                      No

- \_\_\_\_\_ 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 suspended, dismissed or fired from a position of employment?
- \_\_\_\_\_ Have you ever been convicted of any violation of the law other than a minor traffic ticket?
- \_\_\_\_\_ Have you ever entered a plea of nolo contendere to any charge against you?
- \_\_\_\_\_ Do you have any charges pending against you?

If your answer to any of the above questions is yes, please explain on a separate page and include with this application.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

**Related Activities**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Interests/Hobbies: \_\_\_\_\_

Please list any subject which you may be qualified but not licensed or certified to teach \_\_\_\_\_

\_\_\_\_\_

***Additional Information***

Please use all or part of the space below to provide whatever additional information you would like to share about yourself. This information could be a short autobiography, additional information regarding your cultural and educational background, your preparation, experience, interests and hobbies, plans, recreational activities, travel, or experiences with children in church, community, camp or other activities. Please feel free to elaborate on information already given elsewhere in this application.

***Nepotism Policy***

The Madison County Board of Education has a policy which prohibits placement of one member of a family in a direct supervisory or evaluation relationship with another member of his/her immediate family. "Immediate family" is defined as wife, husband, mother, father, brother, sister, son, daughter, mother-in-law, father-in-law, brother-in-law, and sister-in-law. Please list below any family members who are currently employed by the Madison County Board of Education.

Name

Relationship

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***Applicant's Certification & Release of Liability***

I the undersigned applicant/employee hereby expressly authorize the Madison County Board of Education, 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 Madison County Board of Education, its agents, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Madison County Board of Education, its members, officers, agents, or its employees, I hereby release the Madison County Board of Education to which this application is submitted and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. I further authorize the Madison County Board of Education or its agents to provide information about my employment in this school system to future employers after I have left employment in this system. A copy of this consent and release shall be considered as a duplicate original.

I have read the information contained in the application carefully and certify that the information 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.

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

Signature: \_\_\_\_\_

Madison County Schools is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, disability, or national origin.