

Clinton City Schools

606 College Street
Clinton, NC 28328
www.clinton.k12.nc.us

Phone: (910) 592-3132

Fax: (910) 592-2011

_____ Substitute Teacher _____ Volunteer

Personal Data (please type/print)

Name _____

First Middle Maiden Last

Present Address _____

Street City State Zip

Phone # _____ SS# (last 4 digits) _____

In case of emergency, notify _____ Phone # _____

Address _____

Have you ever been employed by Clinton City Schools? Yes No

Describe any limitations you have regarding your working ability _____

Please check your preference(s) for substituting and/or volunteering:

- Preschool/More At-Four Program
 L. C. Kerr Elementary School (PreK-2)
 Butler Avenue School (3-5)
 Sampson Middle School (6-8)
 Clinton High School (9-12)

- Special Areas**
 Music
 Art
 Physical Education
 Media Center
 Special Education
 No, I am not a certified teacher.
 Yes, I am a certified teacher. (I hold a valid North Carolina teaching license.)

AREAS OF TEACHING CERTIFICATION (As shown on North Carolina teacher license.)

FOR VOLUNTEER APPLICANTS: Please give your reasons for wanting to volunteer in Clinton City Schools.

For what activity/program would you like to volunteer? _____

Describe previous volunteer experience, if any. _____

EDUCATION (Circle highest year of education completed and list educational record.) (Optional for volunteers)

Elementary/Middle School High School Technical/Community College 4 Yr College/University
 1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 1 2 3 4 5

INSTITUTION	NAME	LOCATION	Month & Year		Diploma/ Certificate/ Degree
			From	To	
High School/ Equivalent					
Community College					
4 Yr College/ University					
Other					

Please enclose copies of high school diploma/equivalent, certificate(s), transcript(s), degree(s).

EMPLOYMENT DATA (begin with current/last employer) (Required for substitute teachers only!)

Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
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Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____
Name of Firm _____	Address _____
Supervisor _____	Telephone _____
Employed from _____ to _____	Type of work _____
Salary \$ _____ Weekly _____ Bi-Weekly _____ Monthly _____	Reason for leaving _____

Please continue employment data on a separate page and attach as part of this application.

Inquiry will be made of your current or last employer regarding your record of employment.

REFERENCES (DO NOT give relatives.) Volunteers must submit one reference.

NAME	List Position	Address	Phone #

Please check appropriate answer:

<u>YES</u>	<u>NO</u>
_____	_____
_____	_____
_____	_____

Have you ever been dismissed, fired, or discharged from a position of employment?

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?

If your answer to any of the above questions is "YES", please explain on a separate page and attached the explanation as part of this application.

I certify that the information I have given is correct and complete. I understand that false statements shall be considered sufficient cause for my name to be removed from the approved driver list. It is my understanding that I must participate in appropriate training class(es) for drivers to remain on the list. I also authorize the employer to contact references and former employers.

Signature _____ Date _____

The Clinton City Schools system is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, age, handicap, or national origin.

FOR CENTRAL OFFICE USE ONLY

_____ Driver License	_____ Fingerprint	_____ Approved
_____ Social Security Card	_____ I-9	_____ Not Approved
_____ Criminal Record Check	_____ W-4	_____
_____ Drug Test	_____ NC-4	_____
_____ Health Certificate	_____ ETT	_____

