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

Phone: (910) 592-3132

Fax: (910) 592-2011

		Substitute Teacher	Volunte	eer				
Personal Data (please type/print)								
Name		4						
Present Add	First Iress	Middle	Maiden	Last				
Phone # _	Street	SS# (la:	City st 4 digits)	State	Zip			
In case of er	mergency, notify		Phone #					
Address _	-		i none #					
	er been employed by Clinton C y limitations you have regarding		Yes No					
Presch	nool/More At-Four Program Sampson Middle School	L. C. Kerr Elementary	School (PreK-2)	Butler Avenue	School (3-5)			
Special Area		Art Physical Edu			lucation			
No, I a	m not a certified teacher.	Yes, I am a certified teach	ner. (I hold a valid North Card	olina teaching license.)				
REAS OF T	EACHING CERTIFICATION (As shown on North Carolina t	eacher license.)					
OR VOLUN	TEER APPLICANTS:	Please give your reasons for v	vanting to volunteer in Clir	nton City Schools.				
or what activ	it de se							
	vity/program would you like to vivious volunteer experience, if a							
Е	DUCATION (Circle highes	t year of education completed a	and list educational record.) (Optional for volunte	ers)			
	mentary/Middle School	High School	Technical/Community College		University			
	0 4 0 0 7 8	1 2 3 4	1 2 3 4	1 2 3	4 5			
INSTITUTION High School/	NAME	Le	OCATION	Month & Year From To	Diploma/ Certificate/ Degree			
Equivalent Community								
College 4 Yr College/ University		-						
Other								

EMPLOYMENT DATA (begin with current/last employer) (Required for substitute teachers only!) Name of Firm Address Supervisor Telephone _____ Employed from ____ Type of work Salary \$_ ____ Weekly ____ Bi-Weekly Reason for leaving _____ Monthly Name of Firm Address Supervisor Telephone ___ Employed from Type of work ___ ___ Weekly ___ Bi-Weekly Reason for leaving ____ Monthly Supervisor Telephone Employed from Type of work Salary \$ ___ Weekly Bi-Weekly Monthly Reason for leaving _____ Name of Firm Address Supervisor Telephone ___ Employed from Type of work ___ Weekly Salary \$ ____ Bi-Weekly Monthly Reason for leaving Name of Firm Address Supervisor Telephone Employed from Type of work Salary \$ ____ Weekly Bi-Weekly Reason for leaving Monthly Name of Firm Address Supervisor Telephone Employed from Type of work

Monthly

Address

Telephone

Type of work

Reason for leaving

Reason for leaving _____

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

Bi-Weekly

Weekly

Bi-Weekly

____ Weekly

Salary \$

Supervisor

Salary \$_

Name of Firm

Employed from____

Monthly

REFERENCES (DO NO	OT give relatives.)	Volunteers mu	st submit <u>one</u> reference.	
NAME	L	ist Position	Address	Phone #
Please check appropria	ate answer:			
YES NO				
	Uava vav ava bas			
			d, or discharged from a position of employment? n from a position of employment?	
			r from a position of employment? By violation of the law other than a minor traffic tick	ka+2
	,	r convioled of an	y volution of the law other than a minor traine tel	(et?
			ease explain on a separate page and attached	
ause for my name to be	removed from the a	ipproved driver li	ete. I understand that false statements shall be dist. It is my understanding that I must participate employer to contact references and former employer.	in appropriate training
			Date	
The Clinton City S	chools system is a color, re	an equal opport eligion, gender,	unity employer and does not discriminate on t age, handicap, or national origin.	he basis of race,
		FOR CENTRA	AL OFFICE USE ONLY	
Driver Licens			Fingerprint	Approved
Social Securi				Not Approved
Criminal Rec	ord Check			
Drug Test Health Certifi	icate		NC-4 ETT	

TO APPLICANT:

It is the desire of the CLINTON CITY SCHOOLS to secure the best qualified, most competent personnel possible. We want persons who will put the welfare of the students in CLINTON CITY SCHOOLS first and who work diligently to create and maintain a good educational environment. Our students deserve the best!
Below, in your own handwriting, give us any information which you think will help us to form a true picture of you as a person. You might include your hobbies, recreational activities, and other information about your work experience or educational background which may enhance your opportunity for employment.
·
The CLINTON CITY SCHOOLS is committed to a policy of non-discrimination against any employee or applicant for employment ecause of race, creed, religion, national origin, gender, age, or handicap. Assignments are made in accordance with the needs of the chool system and are subject to change. Any person accepting a position with the CLINTON CITY SCHOOLS agrees to these onditions.
have read this information carefully and certify that the information I have given on this application is true and complete to the best of by knowledge.
his application will remain active for TWO YEARS from the date of receipt unless written notice is received to extend the time. alsification of this application may result in non-employment or discharge if employed.
(Signature of Applicant) (Date)