



EMPLOYMENT APPLICATION

The John Crosland School
5146 Parkway Plaza Blvd.
Charlotte, N.C. 28217

Applicants may submit a resume with this application if desired. However, all sections of the application must be completed whether or not a resume is included. If you need additional space to complete this application, please attach information on a separate piece of paper.

Name: _____
First Middle Last (Nickname)

Social Security Number: _____

Current Address: _____
Street/P. O. Box City State Zip

Home Telephone: _____ Mobile Telephone: _____

At what number should we contact you regarding this Application? _____

If you answer yes to any of the numbered 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 a misdemeanor or a felony, other than minor traffic offenses? Yes_ No_
2. Do you have any criminal charges or procedures pending? Yes__ No__
3. Have you ever been suspended, dismissed, fired, discharged or not renewed from a position of employment? Yes_No_
4. Have you ever had a teaching license suspended or revoked? Yes_No_
5. Have you ever been asked to resign from a position of employment? Yes_No_
6. Have you ever applied to The John Crosland School or Dore Academy? Yes__ No__ If so, for what position? _____ Date of application: _____
7. Have you ever been employed by The John Crosland School or Dore Academy? Yes__ No__ if so, indicate under what name, position and dates of employment: _____

Would you like to be considered for a substitute position? Yes__ No__

How did you learn of the available position at The John Crosland School? _____

EMPLOYMENT HISTORY

Starting with your most recent position, list all work experience for which you have been or are being paid. Please complete all information even if you included a resume. Incomplete/inaccurate work history information (i.e. names, addresses, zip codes, etc.) may result in the inability of The John Crosland School to consider your application further.

1. Company/School System: _____ Telephone: (____) _____

Dates of employment: From _____ To _____ Full or part-time: _____

Address: _____

Street City State Zip

Name and title of supervisor: _____

Job Title: _____ Current salary: _____ May we contact? Yes__ No__

Briefly describe your duties: _____

Reason for leaving: _____

2. Company/School System: _____ Telephone: (____) _____

Dates of employment: From _____ To _____ Full or part-time: _____

Address: _____

Street City State Zip

Name and title of supervisor: _____

Job Title: _____ Current salary: _____ May we contact? Yes__ No__

Briefly describe your duties: _____

Reason for leaving: _____

3. Company/School System: _____ Telephone: (____) _____

Dates of employment: From _____ To _____ Full or part-time: _____

Address: _____

Street City State Zip

Name and title of supervisor: _____

Job Title: _____ Current salary: _____ May we contact? Yes__ No__

Briefly describe your duties: _____

Reason for leaving: _____

4. Company/School System: _____ Telephone:(____) _____

Dates of employment: From _____ To _____ Full or part-time: _____

Address: _____
Street City State Zip

Name and title of supervisor: _____

Job Title: _____ Current salary: _____ May we contact? Yes__ No__

Briefly describe your duties: _____

Reason for leaving: _____

Additional Employment:

Dates Employed (From-To)	Company/School	Address	Job Title

EDUCATION AND TRAINING:

High School Grade Completed: _____ High School Diploma Awarded: Yes__ No__

College/ University	City/State	Dates Attended (From-To)	Major/Degree Awarded	If Less than Degree: Qtr. or Hours

Other Skill Training (Military education, trade, business, etc.)

List types of licenses, registrations or certificates held and list expiration date, if applicable:

List PC software in which you have a working knowledge:

List your Civic and Community activities for the past 5 years:

REFERENCES:

List AT LEAST 4 people who have directly supervised you or have first-hand knowledge of your work experience/work habits:

Name/Title	Address	Telephone	Relationship to You

Please explain below why you are interested in this position: _____

IMPORTANT

The John Crosland School conditions employment on pre-employment criminal records checks and fingerprinting of all applicants for employment. I understand and agree that, if offered employment by The John Crosland School, I will consent to fingerprinting and a criminal records check, which must show the absence of a criminal record (excluding minor traffic violations) and also successfully pass a Mantoux TB skin test. I also understand and agree that any failure to 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 The John Crosland School and its agents/advisors 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 The John Crosland School and its board members, employees and other agents of and from any liability arising from such investigation and inquiries and the fingerprinting and criminal record check requirements. In addition, The John Crosland School reserves the right to administer a drug or alcohol screening test to any and all employees at any time during or prior to their employment for any (and no) reason.

I understand and agree to these provisions.

Signature of applicant: _____

Date: _____

PRE-EMPLOYMENT STATEMENT

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

Signature of applicant: _____

Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Dr. Sean Preston
Head of School
The John Crosland School
5146 Parkway Plaza Blvd.
Charlotte, N.C. 28217

Your application will be considered active for twelve (12) months following the date received. It is your responsibility to request a renewal form after one (1) year in order to keep your application active.

The John Crosland School is an Equal Employment Opportunity Employer. As such, in compliance with, and as required by, federal and state law all applicants are considered without regard to race, color, religion, national origin, sex, age or disability.