



**APPLICATION for PROFESSIONAL EMPLOYMENT**  
**Mountain Island Charter School**  
**13440 Lucia Riverbend Highway**  
**Mt. Holly, NC 28120**

*This application must be submitted to the Mountain Island Charter School. You may send a photocopy of your completed application, but the section on Nepotism on page 4 must be personalized and your application **must** bear an **original ink signature on page 6.***

Position(s) For Which You Are Applying: \_\_\_\_\_

*Applicant should be licensed or eligible for license in each area of choice. Examples: K-6, Art, 9-12 English, Exceptional Children, Social Worker, Head of School, etc.*

**(A)- Personal Information**

Name \_\_\_\_\_  
Preferred Title    First                      Middle/Maiden                      Last                      Nickname

Permanent Address \_\_\_\_\_  
Street                      City                      State                      Zip

Phone (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Temporary Address (if applicable) \_\_\_\_\_  
Street                      City                      State                      Zip

Phone (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Please state briefly why you want to teach at Mountain Island Charter School. \_\_\_\_\_

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**(B)- Licensure**

*MICS expects that the majority of its employees will be licensed in the state of North Carolina. 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 NTE/Praxis II requirements.*

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 \_\_\_\_\_

<b>PROGRAM</b>	<b>LICENSURE AREA(S)</b>	<b>CLASS</b>	<b>EXPERIENCE</b>
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).)

**(C)- Educational Preparation**

<b>Level of Education</b>	<b>Name of School or University</b>	<b>Field of Study</b>	<b>Type of Degree</b>	<b>GPA</b>	<b>Date Attended From To</b>	
High School						
College						

**(D)- NTE/Praxis 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) for those you have taken.*

NTE Specialty Area(s) or Praxis II Examination \_\_\_\_\_  Yes \_\_\_\_\_  No \_\_\_\_\_ Copy

Enclosed?  Yes  No  
 \_\_\_\_\_  
 Month/Year Test code#/Test Name Score \_\_\_\_\_ Copy

Enclosed?  Yes  No  
 \_\_\_\_\_  
 Month/Year Test code#/Test Name Score \_\_\_\_\_ Copy

Enclosed?  Yes  No  
 \_\_\_\_\_  
 Month/Year Test code#/Test Name Score \_\_\_\_\_

**(E)- Student Teaching**

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

SCHOOL \_\_\_\_\_ Grade/Subject \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

SUPERVISING TEACHER \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

COLLEGE SUPERVISOR: \_\_\_\_\_  
College/University Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address \_\_\_\_\_ Email: \_\_\_\_\_

**(F)- Work Experience**

(List all work experience chronologically from present to past. If more space is needed, please use an additional sheet)

**Name of School or Company:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Public School (if applicable)  Private School (if applicable)  Full Time  Part Time

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number \_\_\_\_\_

Job Title: \_\_\_\_\_ Grade(s) and/or Subject(s) Taught: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

May We Contact?  Yes  No

**Name of School or Company:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Public School (if applicable)  Private School (if applicable)  Full Time  Part Time

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number \_\_\_\_\_

Job Title: \_\_\_\_\_ Grade(s) and/or Subject(s) Taught: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

May We Contact?  Yes  No

**Name of School or Company:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Public School (if applicable)  Private School (if applicable)  Full Time  Part Time

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number \_\_\_\_\_

Job Title: \_\_\_\_\_ Grade(s) and/or Subject(s) Taught: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

May We Contact?  Yes  No

**Name of School or Company:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Public School (if applicable)  Private School (if applicable)  Full Time  Part Time

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number \_\_\_\_\_

Job Title: \_\_\_\_\_ Grade(s) and/or Subject(s) Taught: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

May We Contact?  Yes  No

**(G)- References**

Each applicant must provide the following information to be considered for employment Mountain Island Charter School:

A. Names and contact information 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 that have known you for at least four years and/or are substantially familiar with your education 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 below.

Name of Reference	Position	Mailing Address	Phone Number Work/Home

May we contact your present employer? \_\_\_\_\_  Yes \_\_\_  No \_\_\_  Not Applicable

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

**(H)- Additional Information**

Please check appropriate answer:  
Yes No

\_\_\_ \_\_\_ Have you ever been asked to resign from a position of employment or been dismissed, fired, discharged, suspended, or otherwise subject to disciplinary action?

\_\_\_ \_\_\_ Have you ever had a teaching license or certificate suspended or revoked?

\_\_\_ \_\_\_ 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 (no contest) to any charge against you?

\_\_\_ \_\_\_ Do you have any criminal charges pending against you or are you currently involved in any criminal proceeding, including supervised or unsupervised probation?

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 \_\_\_\_\_

**(I)- 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. Use another page if needed. \_\_\_\_\_

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

**(J)- Nepotism Policy**

Applicant Name \_\_\_\_\_

Please list below any family members who are currently employed at Mountain Island Charter School to which you are submitting this application.

Name	Relationship
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_____	_____

**(L)- Applicant's Certification & Release of Liability**

I, the undersigned applicant/employee hereby expressly authorize the Mountain Island Charter School Board of Trustees, 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, which may include confirmation by fingerprint identification. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give to the Board of Trustees, its agents, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Board of Trustees, its members, officers, agents, or its employees, I hereby release the Board of Trustees 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. If employed, I further authorize this Board of Trustees or its agents to provide information about my employment in this school system to future employers or prospective employers. I authorize persons to whom an exact copy of this release is presented to rely on the copy as if it were a signed 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.

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

Date \_\_\_\_\_

All North Carolina public school systems are equal opportunity employers and do not discriminate on the basis of race, color, religion, gender, age, disability, or national origin.