The Cape Fear Center for Inquiry

Employment Application



Please submit application to: Cape Fear Center for Inquiry

2525 Wonder Way Wilmington, NC 28401 Phone 910-362-0000 Fax 910-362-0048

Name:				
Last		First	Middle	Maiden
Address:		Cita	<u>Ctata</u>	7: 0-1-
		City	State	Zip Code
)	
Email :				
POSITION APPLYI	NG FOR (Check as many a	as are appropriate)		
		xceptional Children area 1. ble in each area of choice 2.		
-	area (Art, Music, etc.) t must be certified or certifia	ble in each area of choice		
Teacher Assista				
	III.			
Substitute	- 4			
Other position	List			
Date available for en	nployment:			
,				
Certification: List	below any current or expi	red teaching license or certi	fication.	
<u>C</u> (-)			E	
51110				ate
Have you ever attain	ed tenure in a North Carolin	a school system: Yes	No	
If yes, please list the	district and the year it was a	attained:	Y	lear:
Educational Prepar	ration			
Level of	Name of School/University	Dates Attended		
Education	City/State	From To	Major	Degree
High School				
Other				
College				
College				
College				

Background Information

Please check the appropriate answer:

Yes	No	
		Have you ever been suspended, dismissed, fired, or discharged from a position of employment?
		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 convicted of any violation of the law other than a minor traffic ticket?
		Do you have criminal charges or procedures pending?

If you answer yes to any of the above questions, please explain on a separate page and include with this application. Applications without such explanation will not be considered.

Work Experience: List positions chronologically with the most recent first, account for all periods of unemployment, attach additional sheets if necessary.

Employer	City/State	Dates of Employment	Position	Supervisor's Name and phone number

References: You should obtain three written references from persons who have firsthand knowledge of your educational and work background, teaching ability, and other qualifications. You may submit written letters of recommendation from appropriate individuals or letters that are part of your placement office's credential file. Application may be submitted without references. References should be mailed/ faxed to the Human Resources Coordinator at the address/fax listed on page 1. The names you list below must match your reference forms.

Name of Reference	Position/Relationship	Phone Numbers-work and cell if available		
1				
2				
3				

Perspective: Please attach your responses to the following questions.

- 1. Explain why you would like to teach at CFCI. Include your preparation for and/or experience teaching in an inquiry-based format.
- 2. What other additional information would you like to share about yourself? Please include any additional information regarding your cultural and educational background, career goals, or any recreational activities, travel or experiences with children relative to your employment.

To avoid conflict of interest, list any current CFCI board member or staff member with whom you have any relationship (family, friend, coworker, business, etc.) and cite the relationship.

Name:	_Relationship:
Name:	_Relationship:
Name:	_Relationship:

ATTACH A CURRENT RESUME TO THIS APPLICATION