



# Corvian Community School Employment Application

In compliance with Federal Law, Corvian Community School administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
(last) (first) (middle/maiden)

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E--Mail Address: \_\_\_\_\_

## POSITION INFORMATION

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

- Full-time                       Part--time

Campus For Which You are Applying (check all that apply):

- Elementary (K-4th)             Middle School (5th-8th)             High School (9th-12th)

## LICENSURE (Lead Teachers only)

Do you hold a current North Carolina Professional Teaching License?

- YES                                       NO

If yes: Licensed Areas/Subjects/Grades: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

\*\*Attach photocopy of license\*\*

## EDUCATION

Name of School	City, State	Degree	Major	From (mm/yy)	To (mm/yy)	Overall GPA
				___/___	___/___	
				___/___	___/___	
				___/___	___/___	

## WORK EXPERIENCE

Please start with your most recent position. Complete all information even if you include a resume. Please list full time and part time experience separately.

Salary ratings are based on verifiable experience listed on this application. If additional previous experience is later verified, a prospective change in salary (if any) would be effective on the date of the rating change.

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

Public School (if applicable)                       Private School (if applicable)                       Full--time     Part--time

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Name and Title of Supervisor: \_\_\_\_\_ May We Contact?  Yes  No

*If you have additional relevant experience, please include the information on a separate sheet.*

## ADDITIONAL INFORMATION

If you answer YES to any of questions 1 – 6 below, please explain on an attached sheet of paper.

1. Have you ever been convicted of or plead guilty or no contest to a crime, either misdemeanor or a felony, other than minor traffic offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have criminal charges or proceedings pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been suspended, dismissed, non--renewal, fired or discharged from a position of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had a teaching license suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever been asked to resign from a position of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. To your knowledge, has an investigation into improper or illicit actions by you been conducted (or was such an investigation pending) at the time of your resignation from prior employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If not, do you possess a current alien registration card or Visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## REFERENCES

Please provide a minimum of three references, such as principals and supervisors, who have firsthand knowledge of your professional preparation and competence.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 School or Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address (required): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 School or Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address (required): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 School or Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address (required): \_\_\_\_\_

## SIGNATURE

Corvian Community School requires a criminal requires a criminal records check and fingerprinting of all applicants prior to employment. I understand and agree that, if offered employment by Corvian Community School, I consent to fingerprinting and a criminal records check. I also understand and agree that any failure to comply with, complete, or meet such requirements by me will result in the denial of my employment, the withdrawal of my conditional offer of employment, 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 authorize Corvian Community School 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 release Corvian Community School from any and all potential liability arising from such investigation and inquiries of the above information and/or the completion of the above fingerprinting and criminal record check requirements.

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 interviews(s) may result in the denial of my employment, the withdrawal of my conditional offer or employment, suspension or discharge, as applicable.

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

**Email resumes and completed applications as appropriate to:**

**Elementary School (K-4)**

Attn: Kristi Miller,  
Director of Elementary Education  
kristi.miller@corvian.org

9501 David Taylor Drive  
Charlotte, NC 28262  
704-717-7550 (#1)

**Middle School (5-8)**

Attn: Elizabeth Padgett,  
Director of Middle School Education  
elizabeth.padgett@corvian.org

4125 Johnston Oehler Road  
Charlotte, NC 28269  
704-717-7550 (#2)

**High School (9-12)**

Attn: Nicki Sinclair,  
Director of High School Education  
nicki.sinclair@corvian.org

4041 Johnston Oehler Road  
Charlotte, NC 28269  
704-717-7550 (#3)