

P.O. Box 665 Mt. Pleasant, SC 29465-0665 843-884-0902 (main) 843-884-0905 (fax) www.uslowcountry.org

### Faculty & Volunteer Application

Personal Information	n	Today's date:				
Full Name:	NC 111					
First	Middl	e La	st			
Previous or other surn	ame(s) reflected on employn	nent or educational records:	:			
	ess:					
Permanent Mailing Ac	ddress:					
		Telephone (	)			
E-mail address:		Cell phone: ()				
Position Information						
I am applying for (che	ck all that apply):					
Full-time teaching	Part-time teaching	Substitute teaching	Volunteering			
Please list the subjects	s in which you are proficient:					
In what languages are	you proficient?					
Should you be offered	a position, when would you	be able to start?				

### **Educational and Professional Background** High School: \_ Name of School Year Graduated City, State College/University: College/University City, State Dates enrolled Date graduated Degree College/University City, State Dates enrolled Date graduated Degree College/University City, State Date graduated Degree Dates enrolled **Teaching and Other Relevant Experience** (List most recent first) 1. School/Company/Agency: Principal/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_ Position Held: Full-time Part-time Dates of employment (mo/yr): \_\_\_\_\_\_\_ to \_\_\_\_\_ Job Description: Reason for leaving: 2. School/Company/Agency: Principal/Supervisor: Phone: \_\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Position Held: Dates of employment (mo/yr): \_\_\_\_\_\_ to \_\_\_\_\_ Job Description: Reason for leaving: 3. School/Company/Agency: \_\_\_\_\_ Principal/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Position Held: \_\_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Dates of employment (mo/yr): to

Reason for leaving:

Job Description:

#### References

Give a minimum of three references, especially superintendents, heads, or principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

1. Name:	Position/School:					
Address:						
E-mail:V		hone:	Home phone:	Home phone:		
		<b>5</b>	(0.1)			
			/School:			
Address:						
E-mail:	Work p	ohone:	Home phone:			
3. Name:		Position/School:				
Address:						
			Home phone:			
Special Training & Experi	ences					
Please indicate experience or	r training in any of tl	he following:	:			
KEY: T=Training	E=Experience	T/E = Bc	oth			
Authentic Assessmen	nt		Peer Coaching / Critical Friends	;		
Behavior Management			Multi-Age Class/Grouping			
Child Abuse Awareness			Backwards Planning			
Multicultural Awareness		_	Portfolios			
Gifted/Advanced Students			Process Writing			
Cooperative Learning	9		Signing / Sign-Language			
Critical Thinking Ski	lls		Study Skills			
Current First Aid/CPR certification			Task Writing / Rubrics			
Developmentally Appropriate Practices			Team Teaching			
Drug/Alcohol Educat	tion		Visual/Manipulative Math			
Equity Awareness		_	Whole Language			
Inclusive Education			Individualized Instruction			
Integrated Curriculur	n	_	Curriculum Mapping			
New Faculty Mentoring			On-line Learning			
Other						

# **Coaching and Advising** Extra/Co-Curricular Activities Sponsored: Activity: \_\_\_\_\_ Level: \_\_\_\_\_ Activity: \_\_\_\_\_ Level: \_\_\_\_\_ Athletic Team(s) Coached:

# Activity: \_\_\_\_\_ Level: \_\_\_\_ Sport: \_\_\_\_\_\_ Level: \_\_\_\_\_ Sport: \_\_\_\_\_\_ Level: \_\_\_\_\_ Sport: \_\_\_\_\_\_ Level: \_\_\_\_\_ Other Experiences / Honors / Awards Administrative Responsibilities: Please list computer/software/technical devices with which you have experience: Other experiences contributing to your professional qualifications: Community Service involvement: Professional organizations & honors: Please explain your educational philosophy:

Application Process (not required for volunteer-only applicants)				
Employment / Placement Agency (if any):				
If hired, can you provide documents to verify your eligibility to work in the United States? yes no				
Is your physical / mental health condition such that you can fulfill the essential teaching / extracurricular work for which you are applying (either with or without reasonable accommodations)? yes no				
Upon receipt of this completed application, your file becomes active. Any letters, transcripts, or other materials that you send to University School during the full year following the date on this application will be added to your file. At the end of one calendar year, the file will be discontinued.				
Please mail the completed application, together with a letter of interest, a current resume, and any pertinent transcripts or school records to:				
University School of the Lowcountry P.O. Box 665 Mt. Pleasant, SC 29465-0665				
For more information regarding available positions, please visit the University School website (www.uslowcountry.org)				
Non-Discrimination Policy				
University School of the Lowcountry is committed to its growth as an institution that welcomes and values a diversified school community. The school does not discriminate on the basis of race, national or ethnic origin, religion, economic background, or any other classification protected by law in the administration of its educational policies, financial assistance policies, or any other school policy or program.				
Authorization to Obtain and Release Information				
I understand that any omissions on this application may prevent my application from being evaluated. I authorize University School of the Lowcountry to obtain information about my criminal records. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or other documents submitted to the School will be sufficient cause for this application not to be considered by the School, or for discharge if I have been employed.				
I authorize University School of the Lowcountry, for which I have completed an employment application and/or resume, to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education, qualification, or fitness, to provide such information to University School of the Lowcountry. I release the School and all persons providing information to the School from any liability whatsoever for obtaining and providing that information, regardless of the results.				

## **Criminal History Verification of Applicants**

Name:			
Last	First		Middle
Date of Birth:		Male:	Female:
List other names previously used:			
South Carolina Driver's License / Iden	ntification Card Nun	nber:	
Address:			
City/State/Zip+4:			
Please list the state and counties in wh	ich you have lived t	he past ten years	3:
A. Have you EVER been convicted of a sex-re	elated crime? y	resno	
If yes, was the conviction in South C	arolina or another state?	? (Please specify if a	another state)
If yes, did the crime involve force or	minors?y	res no	
B. Have you <u>EVER</u> been convicted of a crime	e involving violence or t	hreat of violence?	yes no
If yes, was the conviction in South C	arolina or another state?	? (Please specify if a	another state)
C. Have you EVER been convicted of a crime	e involving criminal acti	vity in drugs or alco	pholic beverages? yes no
D. Have you EVER been convicted of any oth	ner crime except a minor	r traffic violation?	yes no
E. Have you been arrested within the last three been an acquittal or dismissal?	e years for a crime for w yes r		yet
<b>Advisory</b> : A check of the applicant's opreceding questions.	criminal history will	be made to veri	fy the responses to the
I hereby grant permission to check civ	il or criminal record	ls to verify any s	tatement made on this form.
Applicant's signature:			Date:

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