

# STUDENT CENTERED EDUCATION CONSULTING GROUP

## APPLICATION FOR EMPLOYMENT

NAME: FIRST \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**POSTAL ADDRESS**

**NUMBER AND STREET:** \_\_\_\_\_

APARTMENT NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

CELL NUMBER IF DIFFERENT FROM ABOVE: \_\_\_\_\_

**SCHOOL DISTRICT DESIRED:**\_\_\_\_\_

**SCHOOL DESIRED IF APPLICABLE:** \_\_\_\_\_

**TYPE OF POSITION DESIRED (BE SPECIFIC):**\_\_\_\_\_

## EXPERIENCE

**Please list ALL work experiences beginning with the most recent:**

[illegible]

## EDUCATION

PLEASE TELL US ABOUT YOUR EDUCATIONAL BACKGROUND BEGINNING WITH THE MOST RECENT.

College/University/Training	Address	Dates Attended	Major Area Of Study	Degree	Date Conferred

DO YOU HOLD A SOUTH CAROLINA TEACHING CERTIFICATE? Yes \_\_\_\_ No \_\_\_\_

TEACHING CERTIFICATE NUMBER? \_\_\_\_\_

IF NO, WHEN DO YOU ANTICIPATE RECEIVING A SOUTH CAROLINA TEACHING CERTIFICATE? \_\_\_\_\_

PLEASE LIST ANY EXTRACURRICULAR ACTIVITY YOU MIGHT BE INTERESTED IN SPONSORING


## CONTRACT STATUS

Are you currently under contract? \_\_\_\_\_

If Yes, which district? \_\_\_\_\_

If Yes, when does it expire? \_\_\_\_\_

When may your present employer be contacted? \_\_\_\_\_

**PROFESSIONAL REFERENCES**

1 .NAME \_\_\_\_\_

SCHOOL OR ORGANIZATION: \_\_\_\_\_

CURRENT  
POSITION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

2 .NAME \_\_\_\_\_

SCHOOL OR ORGANIZATION: \_\_\_\_\_

CURRENT  
POSITION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

3 .NAME \_\_\_\_\_

SCHOOL OR ORGANIZATION: \_\_\_\_\_

CURRENT  
POSITION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RELATIONSHIP TO CANDIDATE: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

## REFERENCES MUST COMPLETE A CANDIDATE REFERENCE FORM

### PROFESSIONAL STATUS

Have you obtained tenure status in any other School District? \_\_\_\_\_

If Yes, where? When? \* Have you ever been denied tenure? \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

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

If Yes, explain: \_\_\_\_\_

Have you ever failed to be rehired, been asked to resign a position, resigned to avoid termination, or terminated from employment? \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Are you a relative of any board member, administrator, or supervisor who is currently serving the School District?

Name, Position, Relationship: \_\_\_\_\_

Can you perform all the essential job function(s) of the position(s) for which you are applying, with or without reasonable accommodation? \_\_\_\_\_

### LEGAL INFORMATION

Please note: Applicants are not obligated to disclose sealed or expunged records.

Are you eligible to work in the United States? \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a minor traffic violation? \_\_\_\_\_

If yes, explain, giving dates: \_\_\_\_\_

Have you ever had any indicated finding of child abuse filed in your name? \_\_\_\_\_

If yes, explain, giving dates: \_\_\_\_\_

Does your name appear on any Sex Offender Database in any state or country? \_\_\_\_\_

## EQUAL OPPORTUNITY EMPLOYER

STUDENT CENTERED EDUCATION CONSULTING GROUP (SCECG) is an Equal Opportunity Employer. STUDENT CENTERED EDUCATION CONSULTING GROUP ensures equal employment opportunities regardless of race, creed, gender, color, national origin, religion, age, sexual orientation or disability. STUDENT CENTERED EDUCATION CONSULTING GROUP has a policy of active recruitment of qualified minority teachers and non-certified employees. Any individual needing assistance in making application for any opening should contact the Department of Human Resources.

## APPLICANT'S ACKNOWLEDGMENT AND AGREEMENT

By checking the box below, candidate authorizes the STUDENT CENTERED EDUCATION CONSULTING GROUP to conduct an investigation of candidate pursuant to The School Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that the School District perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I, \_\_\_\_\_, agree to all of the terms above.  
(NAME)

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

