

Academy Charter School
 1551 Prairie Hawk Dr, Castle Rock, CO 80109
 Tel 303-660-4881, Fax 303-660-6385



_____ Date

_____ Last Name _____ First _____ Middle I.

_____ Home Address _____ Contact phone numbers: _____ Home

_____ City/State/Zip _____ Cell

Colorado Teaching License Number _____ Expires _____

Areas of Endorsement(s) _____

Instructional Focus: *Elementary* Primary Intermediate Special Ed

Middle School Grade(s)/Subject Area(s) _____

High School Grade(s)/Subject Area(s) _____

NCLB Highly Qualified Yes No Unsure

Education Background (begin with most recent)

College, University	State	Major	Degree Received	Date Received

States of Residence for past seven years (begin with most recent)

City/County/State	Dates of Residency

Academy Charter School does not unlawfully discriminate on the basis of age, race, color, national origin, sex or disability in admission or access to, or treatment or employment in, its educational programs or activities.

1. Are you able to perform the job-related functions of the position? Yes No

2. Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

3. Has any court received a plea of guilty or a plea of nolo contendere from you for any offense, or deferred further proceedings without entering a finding of guilty, and placed you on probation? Yes No

If yes, please explain: _____

4. Have you ever been convicted of, pled nolo contendere to, or received a deferred sentence for a crime involving unlawful sexual behavior or unlawful behavior involving a child? Yes No

If yes, please explain: _____

5. Have you ever been dismissed, or have you resigned from a position as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior? Yes No

If yes, please explain: _____

6. Have you ever been involuntarily terminated from any employment? Yes No

If yes, please explain: _____

Work Experience – List ALL experience, with the most recent experience first.

1.

Position:		
Organization/School:		
Address:		
Phone Number:		
Supervisor:	Phone:	
Reason left employment:		
Employment Dates:	Month/Year to Month/Year	Salary:
Specific responsibilities (teachers include specific grades/subjects taught):		

2.

Position:		
Organization/School:		
Address:		
Phone Number:		
Supervisor:	Phone:	
Reason left employment:		
Employment Dates:	Month/Year to Month/Year	Salary:
Specific responsibilities (teachers include specific grades/subjects taught):		

3.

Position:
Organization/School:
Address:
Phone Number:
Supervisor: Phone:
Reason left employment:
Employment Dates: Month/Year to Month/Year Salary:
Specific responsibilities (teachers include specific grades/subjects taught):

4.

Position:
Organization/School:
Address:
Phone Number:
Supervisor: Phone:
Reason left employment:
Employment Dates: Month/Year to Month/Year Salary:
Specific responsibilities (teachers include specific grades/subjects taught):

References:

List four persons who have known you or supervised you in a work setting (not including relatives.)

Name	Position/Title	Organization	Phone number (s)

I certify that the information contained in this application is correct and I understand that falsification, omissions or misstatements of this information is grounds for refusal to hire or, if hired, may be grounds for dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage that my result from furnishing such information to you. I authorize you to request and receive such information.

Applicant Signature

Date