

Additional Information:

Have you ever been suspended, dismissed, fired, or discharged from a position of employment? _____

Have you ever had a teaching license 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 proceedings pending? _____

NOTE: If your answer to any of the above questions is “yes,” you must explain on a separate page and include with this application.

Do you have relatives (i.e., spouse/children/parents/siblings) who work for Sampson County Schools?
 _____ If so, please list below.

NAME	RELATIONSHIP	SITE OF EMPLOYMENT

Teaching Experience:

List in chronological order all of your teaching experience(s).

SCHOOL	ADDRESS	DATES		TELEPHONE #
		FROM	TO	

Other Relevant Work Experience(s):

EMPLOYER	LOCATION CITY/STATE	POSITION HELD	DATES	
			FROM	TO

Equal Opportunity Employer

I, the undersigned Applicant/Employee, hereby expressly authorize the Board of Education, its agents and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal law enforcement or traffic records.

I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board of Education, its agents or employees, any information they may have regarding me in consideration of the review of my employment application by the Board of Education, its members, officers, agents or employees. I hereby release the Board of Education, and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as a duplicate original.

I have read the information contained in this application and addendum carefully and certify that the information I have given herein is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

I further understand that the Sampson County School System will comply with the Drug-Free Workplace Act of 1988 and the United States Department of Transportation Federal Highway Administration Regulations effective January 1, 1995.

Signature: _____

Date: _____

Sampson County Schools is an Equal Opportunity Employer (EOE). By Board of Education Policy, and in accordance with Title VII of the Civil Rights Act of 1964 and 1972 Amendments, with Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Sampson County Schools prohibits discrimination on the basis of national origin, race, sex, religion, age and handicapping conditions(s) in its hiring and promotional procedures.

MAIL APPLICATION TO:

**SAMPSON COUNTY SCHOOLS
DIRECTOR OF PERSONNEL
PO BOX 439
CLINTON, NORTH CAROLINA 28329-0439
TELEPHONE: 910-592-1401
FAX: 910-590-2445**

Authority For Release of Information

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina Criminal History Records Information Check in connection with my application for employment with Sampson County Schools pursuant to N.C.G.S. 115C-332.

Last name	First	Middle	Maiden
_____	_____	_____	_____
(Print or Type)			
Social Security #	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named school. I hereby release said agency and persons from any and all liability, which may be incurred as a result of furnishing such information.

Applicant's/Employee's Signature

Date

Equal Opportunity Employer

SAMPSON COUNTY SCHOOLS

(910) 592-1401 P O Box 439, Clinton, NC 28329 (910) 590-2445 Fax

Alcohol and Other Drug Testing Consent

In order to be considered for employment by the Board of Education for any position with Sampson County Schools, according to local board policy, you must agree to be tested for alcohol and/or drugs.

I, _____, understand that in order to be

(Please Print)

considered for employment, a consent to the urine sample collection and testing for any controlled substances are required. I understand that a positive test result for those controlled substances will render me ineligible for the position. The results will not be disclosed without my written authorization.

Signature _____

Date _____

Equal Opportunity Employer
