



## Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Tel # (\_\_\_\_) \_\_\_\_\_ Home Fax # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Social security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Tel # (\_\_\_\_) \_\_\_\_\_ Work # Tel (\_\_\_\_) \_\_\_\_\_

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Employment Address \_\_\_\_\_  
Street City State Zip

Nationality \_\_\_\_\_ US Visa status \_\_\_\_\_ Place of birth \_\_\_\_\_

Languages spoken with proficiency \_\_\_\_\_ with familiarity \_\_\_\_\_

### Education (List most recent first to high school.)

School/University	Program/Course of Study	Duration	Degree/Diploma

### Certifications (Attach a copy of all certifications/licenses.)

State Certificate Issued	Area of Certification	Effective Date	Expiration Date	Years of Teaching Experience

**Work Experience (List most recent first. Use additional page if necessary.)**

Employer		Address	
Position		Supervisor's Name	Telephone Number
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe job position and responsibilities.		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Reason for Leaving			

Employer		Address	
Position		Supervisor's Name	Telephone Number
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe job position and responsibilities.		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Reason for Leaving			

Employer		Address	
Position		Supervisor's Name	Telephone Number
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe job position and responsibilities.		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Reason for Leaving			

Employer		Address	
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May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe job position and responsibilities.		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Reason for Leaving			

Employer		Address	
Position		Supervisor's Name	Telephone Number
May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe job position and responsibilities.		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Reason for Leaving			

For what position are you applying? \_\_\_\_\_

Do you have plans to continue your education? If so, please explain.

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Special training programs, seminars, workshops:

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Membership in professional organizations:

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Hobbies/special talents (music, art, drama, sports, crafts, technology, etc.):

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To establish our school and provide continuity, we expect your employment to extend for at least two years. How long do you expect to live in the Charlotte area? Please explain.

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When will you be available to begin employment with Socrates Academy?

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How did you hear about Socrates Academy?

Inside vacancy announcement

No known vacancy

Newspaper/journal  
advertisement.  
What publication?  
\_\_\_\_\_

Administrative/professional  
reference

Referred by a friend

College placement office

New to Charlotte area

Interviewed on college  
campus

Internet

**If you answer yes to any of the questions below, please explain on an attached sheet of paper.**

1. Have you ever been convicted of, or pled guilty or no contest, to a crime, either misdemeanor or a felony, other than minor traffic offenses?

Yes  No

2. Do you have criminal charges or procedures pending?

Yes  No

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

Yes  No

4. Have you ever had a teaching license suspended or revoked?

Yes  No

5. Have you ever been asked to resign from a position of employment?

Yes  No

6. Are you a citizen of the United States? Yes  No

7. If not, do you possess a current alien registration card or Visa? Yes  No

8. Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations? Yes  No

If you would like, please explain any accommodations needed \_\_\_\_\_

State Law requires completion of a North Carolina health examination certificate as a prior condition of employment for school employees. Thus, a completed health certificate must be received by Socrates Academy prior to your beginning work. Socrates Academy also conditions employment on pre-employment drug and or/alcohol testing, criminal record checks and fingerprinting.

I understand and agree that, if offered employment by Socrates Academy, I will (1) complete and return a North Carolina health examination certificate, (2) consent to, complete and pass a drug and/or alcohol test in accordance with Socrates Academy policy, and (3) 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, if made, 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 further authorize Socrates Academy Public Charter 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 further release Socrates Academy and its board members, employees and other agents of and from any and all potential liability arising from such investigation and inquiries of the above information and/or the completion of the above health examination certificate and 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 interview(s) will result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, suspension or discharge, as applicable.

Date \_\_\_\_\_ Signed \_\_\_\_\_

## Employment Questions:

1. Why are you interested in Socrates Academy? What do you hope to contribute to it?

2. How will you personally develop at Socrates Academy?

Send the:

- Application
- Answers to the above questions
- 3 completed Reference Forms
- 3 personal or professional telephone contacts

Send to:

Dr. Antonis C. Stylianou  
UNC Charlotte | The Belk College of Business  
9201 University City Blvd. | Charlotte, NC 28223  
Phone: 704.687.7605 | Fax: 704.687.6330  
[astylian@uncc.edu](mailto:astylian@uncc.edu)

## Notice

Socrates Academy Foundation is an Equal Opportunity Employer and does not discriminate against any person on the basis of sex, race, color, religion, age or disability in any of its educational or employment programs or activities. The Foundation is an at-will employer that offers an employment contract from year to year.