



Employment Application

Position(s) for which you are applying: _____

- Full Time
- Part Time

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle/Maiden)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Mobile Phone: _____

Email Address: _____

LICENSURE

(For teaching candidates only)

Gray Stone Day School gives preference to candidates with certification.

Do you hold a current NC Professional Teaching License? Yes No

If yes, please list Licensed Areas / Subjects: _____

Date Issued: _____ Expiration Date: _____

Do you hold a valid professional teaching license from another state? Yes No State: _____

If yes, please list Licensed Areas / Subjects: _____

Date Issued: _____ Expiration Date: _____

(Please attach photocopy of any licenses as well as Praxis / NTE Scores)

EDUCATION

School	City, State	Degree	Major	From Month / Year	To Month/Year	Overall GPA

WORK EXPERIENCE

Please start with your most recent position. Complete all information even if you include a resume.

Name of School or Company: _____ From: _____ To: _____
 Public School Private School Full Time Part Time

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Job Title: _____ Grades / Subjects Taught: _____

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? Yes No

Name of School or Company: _____ From: _____ To: _____
 Public School Private School Full Time Part Time

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Job Title: _____ Grades / Subjects Taught: _____

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? Yes No

Name of School or Company: _____ From: _____ To: _____
 Public School Private School Full Time Part Time

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Job Title: _____ Grades / Subjects Taught: _____

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? Yes No

Name of School or Company: _____ From: _____ To: _____
 Public School Private School Full Time Part Time

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

Job Title: _____ Grades / Subjects Taught: _____

Reason for leaving: _____

Name and Title of Supervisor: _____ May we contact? Yes No

If you have additional relevant experience, please duplicate this page and continue.

ADDITIONAL INFORMATION

If you answer yes to any of the following questions, please provide a separate, detailed explanation.

1. Have you ever been convicted of or pled guilty (or no contest) to a crime, either misdemeanor or felony (other than minor traffic offenses)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Do you have criminal charges or proceedings pending?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Have you ever been suspended, dismissed, non-renewed, fired, or discharged from a position of employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Have you ever had a teaching license suspended or revoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Have you ever been asked to resign from a position of employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. To your knowledge, has an investigation into improper or illicit actions by you been conducted (or was such an investigation pending) at the time of your resignation from prior employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

CITIZENSHIP INFORMATION

Are you a citizen of the United State?

Yes No

If no, do you possess a current alien registration card or Visa?

Yes No

REFERENCES

Please provide a minimum of three references such as principals and supervisors who have first-hand knowledge of your professional preparation and competence. These references will only be contacted if you are a finalist for the position. You will be notified prior to our contacting these references.

Name: _____ Title: _____

School or Company: _____ Phone: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Name: _____ Title: _____

School or Company: _____ Phone: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Name: _____ Title: _____

School or Company: _____ Phone: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Gray Stone Day School reserves the right to use the personal and professional network of school staff and administration to seek feedback on candidates beyond those references listed above. No contact with references will be made until the candidate is considered a finalist for a position.

PHILOSOPHY OF EDUCATION
(For teaching candidates and administrators only)

Please attach a 200 – 500 word response explaining your personal philosophy of education.

BACKGROUND CHECK

Gray Stone Day School requires a criminal background check and fingerprinting of all applicants. I understand and agree that, if offered employment by Gray Stone Day School, I consent to fingerprinting and a criminal background check. I also understand 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, or discharge, as applicable.

I consent: _____ Date: _____

I have read all parts of this application and certify that all information contained herein and any attachments to it are true and complete to the best of my knowledge. I authorize Gray Stone Day School to make an investigation and inquiries of my prior employment history, my qualification 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 they may have concerning my past employment. I release Gray Stone Day School from any and all potential liability arising from such investigation and inquiries of the above information and / or the completion of the above fingerprinting and criminal background check requirements.

I understand that any omission of fact or false / misleading information given in this application for employment, any attachments to it, or my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, suspension, or discharge, as applicable.

Signature: _____ Date: _____

Return all application materials including this application, a letter of interest, and your resume to:

Mail to: Jeff Morris, Head of School
Gray Stone Day School
PO Box 650
Misenheimer, NC 28109

In Person: Gray Stone Day School
49464 Merner Terrace
Misenheimer, NC 28109

Email: jmorris@graystoneday.org