



# Tiller School

## Application for *Teaching* Position

1950 Hwy 70 East, Beaufort, NC 28516 \* 252-728-1995 \* Fax 252-728-3711  
Lynsey Plume, Executive Director \* www.tillerschool.org

**Office Use Only**

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

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

This Application must be submitted to the Tiller School at 1950 Hwy 70 East in Beaufort, North Carolina, either in person, by mail or by fax. Your signature must be at the end of the application along with a copy of your Teaching License & Praxis results, if taken.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
*First Middle/Maiden Last (Name you go by)*

Permanent Address \_\_\_\_\_  
*Street City State Zip*

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Temporary Address \_\_\_\_\_  
*Street City State Zip*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_ New Applicant \_\_\_ Former Applicant

Desired Position - First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

Please state briefly your reason for wanting to teach at Tiller School. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LICENSURE

North Carolina law requires that all teachers, principals, and other professional school personnel hold a valid North Carolina license. It is your responsibility to obtain and maintain your license in a current status. Please note that individuals qualifying for a North Carolina license based on reciprocity with another state are required to meet North Carolina's requirements depending on your state and degrees.

Do you hold a North Carolina Teaching License?  Yes  No  
If yes, please enclose a copy and please complete the information below.  
If no, Please enclose a copy of your teaching license from another area.

Date License Issued \_\_\_\_\_ Date Effective \_\_\_\_\_ Date Expires \_\_\_\_\_

PROGRAM	LICENSURE AREA(S)	CLASS	EXPERIENCE
<i>Example: 01 (initial)</i>	<i>78400 (6-9 Social Studies)</i>	<i>A</i>	<i>1 Year</i>
_____	_____	_____	_____
_____	_____	_____	_____

Subject(s) in which you expect to receive a NC license (if you do not have one). \_\_\_\_\_  
\_\_\_\_\_

Are you considered to be a highly qualified teacher according to North Carolina guidelines?  Yes  No

## EDUCATIONAL PREPARATION

Level of Education	Name of School or University	Field of Study	Type of Degree	GPA	Dates Attended From      To
<i>High School</i>					
<i>College</i>					

*Please enclose copies of all college transcripts and SAT/ACT scores.*

## NTE/PRAXIS EXAMINATION SCORES

North Carolina requires passing scores on NTE/Praxis examinations to qualify for a teaching license. Even individuals qualifying for a North Carolina license based on reciprocity with another state are required to meet North Carolina's NTE/Praxis II requirements. Please complete the section below indicating which tests you have taken and enclose a copy of your score report(s) for those you have taken.

*NTE Specialty Area(s) or Praxis II Examination?*                       *Yes*    *No*

<i>Month</i>	<i>Test code# / Test Name</i>	<i>Score</i>	<i>Copy Enclosed?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Month</i>	<i>Test code# / Test Name</i>	<i>Score</i>	<i>Copy Enclosed?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Month</i>	<i>Test code# / Test Name</i>	<i>Score</i>	<i>Copy Enclosed?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

## STUDENT TEACHING

If you completed student teaching within the last three years or are now student teaching, please supply the following information:

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervising Teacher \_\_\_\_\_ Phone \_\_\_\_\_

  

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervising Teacher \_\_\_\_\_ Phone \_\_\_\_\_

## TEACHING EXPERIENCE

List chronologically all teaching experience. Do not include substitute teaching.

Name of School & Phone Number	State	Position Held Grade/Subject	Dates	Years	Reason for leaving
			/		
			/		
			/		
			/		

## OTHER WORK EXPERIENCE

List chronologically

<i>Employer</i>	<i>Mailing Address</i>	<i>Type of Work</i>	<i>Dates</i>	<i>Supervisor's Name &amp; Phone</i>
			/	
			/	
			/	
			/	

## ADDITIONAL INFORMATION

Please use the space below to tell us something about yourself that you would like to share.

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I, the applicant/employee have provided all information on this application to be true, accurate and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## References

<i>Name</i>	<i>Position/Relationship</i>	<i>Phone Number</i>	<i>Organization</i>

“This is an equal opportunity program. Federal law prohibits discrimination. Complaints of discrimination can be filed with the Secretary of Agriculture, Washington, DC 20250.”  
 No Indebtedness of any kind incurred or created by the charter school shall constitute an indebtedness of the State of its political subdivisions, and no indebtedness of the charter school shall involve or be secured by the faith, credit, or taxing power of the State or its political subdivisions.”