Richard Winn Academy

PO Box 390 1796 Old Chester Rd. Winnsboro, SC 29180

Phone: (803)635-5494 Fax: (803)635-4310

APPLICATION FOR FACULTY POSITION

APPLICATION FOR FACULTY POSITION				
POSITION(S) DESIR	ED			
Ple	ease check position	n(s) for which app.	lication is made.	
Lower [Grades 1-5]_	Middle [Grades 6-8]	_ Upper [Grade	es 9-12]
Subject(s)				
Other, please specify	:		·	
PERSONAL DATA				
Name				
Last		First		Middle
Address:				
City:		State:	Zip: _	
Home Telephone:		Work Tele	phone:	
Social Security:		_		
•				
EDUCATION BACK				
List schools att	ended and degrees	earned since high		,
	Dates	Course of	Number of	Diploma or
Institution/Location	Attended	Study	Years	Degree
			Completed	206.00
		1		

OTHER RELEVANT DATA:		
Include other specific are	eas of interest (i.e. co	paching, advising, organizations, etc.)
EMPLOYMENT		
This section must be completed in	and part-time emple	tting a resume. Please give an accurate syment. Start with your current or last
School/Company Name:		
Address:		
City:	State:	Phone:
Dates Employed:		
Job Title and Description:		
Reason for Leaving:		
School/Company Name:		
Address:		
City:	State:	Phone:
Dates Employed:		
Job Title and Description:		
Reason for Leaving:		

School/Company Name:			
Address:			
City:	State:	Phone:	
Dates Employed:			
Reason for Leaving:			
Address:			
City:	State:	Phone:	
Dates Employed:			
Job Title and Description:			
Reason for Leaving:			
want us to contact. I give my pe confidential references regardir YES NO	ermission for an F		
DO NOT CONTACT Employer No.			
Reason(s):			

REFE	RENCES		
	•	rvisor with whom you worked.	
_	PERSON/POSITION	ADDRESS	PHONE
3			
4			
regare right	ding my work performance to review these references. se used by Richard Winn A	d Winn Academy to receive of a linderstand that by responsions Such references will be held cademy for employment decademy. NO	ding "yes," I waive my in strict confidence and
consid	lered for employment. Add	e check will be conducted on ditional reference checks may ng, the following information	be necessary as well. In
1.	violation? If yes, please exthis form.	ricted of anything other than xplain on a separate sheet of p	paper and attach it to
	NO	YES (please see att	cachment)
2.	•	d to resign or been discharged YES (please see att	· -
3.		ich you have resided for a pe .ng from college or university	•

I hereby certify that the above information is true, accurate, and complete to the best of my knowledge and belief. Any misrepresentation or willful omission of fact shall be sufficient cause for disqualification of this application or termination of employment. Further, I understand that this application and records become the property of Richard Winn Academy, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of Richard Winn Academy if employed. I hereby authorize the school to conduct work history, personal reference, and criminal records inquiries to determine my acceptability for employment.

Signed:	Date:	

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE

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NOTIFICATION/RELEASE OF INFORMATION FORM

The purpose of this form is to notify you that a driving and criminal background check will be conducted on certain adults working with students of Richard Winn Academy.

Name

Last	First	Middle
Current Address:		
City:	State:	Zip:
Social Security:	Date of Birth:	Age:
Driver License #:	State of	Issue:
License Plate #:	State of	Issue:
Please note the city and states, or or lived:	ther than South Carolina,	in which you have worked
In connection with this request, agencies, educational institutions federal courts, and military servi including, but not limited to, infoconsumer credit history, driving history to the person or company This releases the aforesaid parties of the above information.	s, law enforcement agencing to release information ormation about my employ record, criminal record, and which this form has	es, city, state, county, and about my background yment, education, and general public record s been filled, or their agent.
Applicant's Signature:		Date:

NOTICE

Richard Winn Academy has a policy requiring the completion of an application form on each employee so a background check can be conducted. Please complete the attached Application Form and Notification/Release of Information Form and return both with your signed contract letter.

Thank you.