

Employment Application Form Horse Creek Academy 1200 Toolbeck Rd Aiken, SC 29803 (803)226-0160

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		w	ww.	ww.horsecreekacademy.org							
Date of Application		Position Applied for:									
				I					Add III A see I		
Name of Applicant		Last	First			Middle Initial					
Other Name that may appear on records											
Social Security Number			Date of Birth								
Current Address			City					St	State/ Zip code		
Previous Address		City					St	State/ Zip code			
Work Phone#	Mobile Phone #		Home Phone #			En	Email Address				
Are you currently under contract?			Yes or No				If '	If yes, where?			
Have you previously been employed at Horse Creek Aca							If [,]	If yes, where?			
May we contact your current employer for recomme		loyer for recommend									
EDUCATIONAL BACKGROUND											
Transcripts of all completed transcript (with College/ Un	iversi	ty seal) will be requir	ed up				his ap	plicatio	on. An official		
Level of Education	Scho	ol/ College/ University	/ Cit	ty/ Sta	te	Dates Attended		d			
High School				F		From	om To		Degree Received		
riigii School											
College/ University											
College/ University											
College/ University											
Major Area		nor Area		Major Area				Minor Area			
(undergraduate)	(und	ndergraduate)		(graduate)			(gradı	(graduate)			

CERTIFICATION										
Please se	lect the highest e	education le	vel you have	e comple	eted.					
Bachelor's Degree Master Degree Doctor							Doctora	te Degree		
Do you have a SC Educator Certificate?					Yes			No		
If No, are you in an Alternative Certification?					Yes			No		
If Yes, have you passed the Content Area Proxis						am? Yes			No	
	Do you have a	n Out-of-Sta	te Educator	Certifica	ate?	Yes			No	
Educator	Educator Certificate Teaching Fields				Effective Date			Expiration Date		
			V	VORK I	HISTOR	Υ				
	Supervisor Name Phone			2				mploye	ed	
District/ (District/ Company						From		То	
School District Principal's Name Phone Subject/ Grade Dates Employed							ed			
		,		- Hone		Level		From		То

GENERAL INFORMATION							
If employed presently, why do you wish to leave?							
If hired, on what date	would you be available	to start?					
Have you ever been refused tenure or a continuing contract? If yes, please attach an explanatory statement.							
Have you ever had a license or certificate revoked or suspended? If yes, please attach an explanatory statement.							
Have you ever been discharged or requested to resign from a position? If yes, please attach an explanatory statement.							
Have you ever been convicted of a felony? If yes, please attach an explanatory statement.						No	
Do you have criminal charges or proceedings pending against you? If yes, please attach an explanatory statement.						No	
Do you have a relative who serves on the Horse Creek Academy Board of Education? If yes, please provide the relative's name and relationship. Board Member Name Relationship							
REFERENCES							
and professional quality must provide recommexperiences within the from last contracted e supervisor(s) and coop		nent, which you seek. To lls and/or superintender perience was not within eachers must include ref	eaching applicants with nts from all contracted of the past three years, pr ferences from their stud	work expe educationa rovide refe lent teachi	rience I work rences ng)	
Name of References	Employer Complete Address Position Telephone Number						
References				- Tailibei			

APPLICATION AGREEMENT

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be rounds for rejection of my application or dismissal from subsequent employment.

By filing application for employment with Horse Creek Academy, I agree, if employed, to abide by all the policies set forth by Horse Creek Academy. I understand that Horse Creek Academy may investigate sources or references other than those given in this application. I understand that that a background check has to be completed on all applicants the HCA intends to employ and authorize Horse Creek Academy to obtain criminal history record information.

I acknowledge that all references will be confidential information. I understand that nothing in this employment application is intended to create an employment contract. No promises of employment have been made to me.

Please sign below and return this form as part of the application for employment.

Signature	Date
Jigilature	Date

This application becomes the property of Horse Creek Academy. HCA reserves the right to accept or reject it. This application shall be considered active for a period not to exceed two years. Any applicant wishing to be considered for employment beyond this time period may inquire as to whether or not applications are being accepted at that time

It is the policy of Horse Creek Academy not to discriminate on the basis of race, color, national origin, sex, veteran or marital status, age, religion, disability, or any other legally protected status in its vocational programs, or any other program, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.