

BARNWELL SCHOOL DISTRICT NO. 19

297 Pascallas St.
Blackville, SC 29817
Telephone 803-284-5605

APPLICATION FOR PROFESSIONAL EMPLOYMENT

Social Security No. _____ Date Available _____

Last Name _____ First Name _____ Middle Name _____

Present Address _____ City _____ State _____ Zip Code _____

Permanent Address _____ City _____ State _____ Zip Code _____

Present Phone Number (_____) _____ Permanent Phone Number (_____) _____
Area Code Area Code

Date of Birth _____ Race _____ (This information requested for the sole
Month Day Year Purpose of meeting Federal reporting
Requirements)

Have you ever been convicted of a felony or misdemeanor other than minor offense? _____ If yes,
Explain _____

Are you currently under contract? _____ If so, for what period of time _____

Do you possess current professional certification as a teacher? _____ If yes, list the following:
Certificate Number _____ Date Issued _____ Date of Expiration _____
State in which certificate was issued _____

Degree on which certification was based BA MA Other _____

List your scores on the National Teacher Examination _____
Area exam Common exam Composite exam

Areas of Certification _____

Position Applying for (grade/subject preferences) _____

What co-curricular or extra-curricular activities can you direct? _____

Barnwell School District #19 is an Equal Opportunity Employer and complies with the provisions of Title IX of the Education Amendments of 1972.

Name of School	Location of School		Dates Attended		Degree Earned	Major	Semester Hours		Semester Hours
	City	State	From	To			Hours	Minor	

What are your plans regarding further education preparation? _____

PROFESSIONAL EXPERIENCE -- List chronologically (beginners specify student teaching)

Name of School	Location of School		Date Employed		Team Teaching Self Contained	Grades Subject	Reasons for Leaving
	City	State	From	To			

Why do you want to leave your present position? _____

Present or last salary _____

OTHER WORK EXPERIENCE -- List chronologically (full-time only)

Dates Month/Year to Month/Year	Name of Organization	Location		Kind of Work	Reason for leaving
		City	State		

MILITARY SERVICE

Branch of Service	Dates		Are you active in National Guard or Reserves -- Explain to what extent
	Month/Year to	Month/Year	

General – List part-time or voluntary child related work experience. _____

List participation in organizations and offices held. _____

List interests and hobbies. _____

Please list below the names, titles and addresses of at least three (3) persons who know first hand of your work; and send these same person the enclosed reference forms with your full name, the reference's name and the position for which you are applying.

Name and Position	Institution	Street	City	State	Zip Code
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IMPORTANT – Use reverse side for a personal statement in your handwriting, giving your estimation of your qualifications (strengths and weaknesses), your thoughts on the direction which education should take today and in the future and your role in effecting these changes, and important autobiographical information.

PERSONAL STATEMENT

My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is cause for dismissal should I be employed by Barnwell District #19.

Please return this application to:

The Office of the Superintendent
Barnwell School District # 19
297 Pascallas St.
Blackville, SC 29817

Signature _____

Date of Application _____

BLACKVILLE-HILDA PUBLIC SCHOOLS

Please return this form to: Barnwell School District #19
 297 Pascallas Street
 Blackville, SC 29817
 (803) 284-5605

NAME OF APPLICANT: _____

POSITION APPLIED FOR: _____

The above named applicant has applied for employment with the Blackville-Hilda Public Schools. We Would appreciate your assessment of the person's abilities.

	Superior	Above Average	Average	Below Average	Not Observed
Character					
Dependability					
Personality					
Health					
Personal Appearance					
Initiative					
Cooperation					
Patience					
Judgment					
Tact					
Gets Along With Others					

In what capacity have you known the applicant? _____

How long have you known this applicant? _____

If applicable, would you employ or re-employ this person? _____

Do you think this applicant is suited to fill the position indicated? _____

COMMENTS: (You may use the reverse side of this form if additional space is needed)

 Date

 Signature of Person Completing Form

 Telephone Number

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CRIMINAL RECORDS CHECK

Please complete Section I and return form with your application for employment. (Print Clearly)

SECTION I:

Full Name (with middle name): _____

Maiden Name (or any other names used): _____

Date of Birth: _____

Race/Sex: _____

Social Security Number: _____

I understand that Barnwell County Public Schools #19 will conduct a background investigation through the South Carolina Law Enforcement Division. Any criminal activity on a SLED check will be handled by administration and offers of employment or employment started prior to the completed criminal records check will be contingent upon administrative approval.

Signature

Date

Section II: To be completed by School or Area Office

Please circle the reason you are requesting a sled check on this person.

Substitute Teacher Volunteer Non-employee Coach Classified Employee Teacher