

805 E. Whitner Street, Anderson, South Carolina 29624

Phone: (864) 260-4888 * Fax (864) 260-4004

Office of the Director

LAST NAME FIRST NAME MIDDLE NAME
Present Address City State Zip Code

E-MAIL Phone US citizen?

Social Security Number *Gender Male Female

Date of Birth *Race (check one) White Black Hispanic Asian or Pacific Islander American Indian or Alaskan Native

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

Position applying for (grade/subject preferences)

Do you presently hold a valid SC teaching credential? If you do not hold a valid SC teaching credential, have you applied?

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

At any time has your teaching contract not been renewed? NO YES If yes, explain

At any time has your teaching certificate been revoked or suspended? NO YES If yes, explain

CERTIFICATIONS

STATE	CERTIFICATE NUMBER	EXPIRATION DATE	SUBJECT AREAS	NO.YRS .EXP.	DEGREE

*Renaissance Academy does not discriminate in admissions or access to its educational programs, nor in the treatment of its applicants for employment, nor in any of its programs and activities, nor does it use any other unlawful criteria such as age, race, sex, disability, religion, or national origin, in its dealings with employees, students, or the general public.

A. COLLEGE TRANSCRIPT IS REQUIRED.**EDUCATIONAL PREPARATION** - High school and beyond (list chronologically)

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

PROFESSIONAL EXPERIENCE - List chronologically (beginners specify student teaching)

Name of School	Location of School		Dates Employed		Position	Reason for Leaving
	City	State	From	To		

OTHER WORK EXPERIENCES: In this section account for employment other than teaching.

POSITION	LOCATION	EMPLOYER	DATE

Please list the names, titles and addresses of at least three (3) persons who know firsthand of your work and we will send these persons reference forms to complete and return to us. Do not use relatives. Include your most recent immediate supervisor.

Name and Position	Telephone No.	Street	City	State	Zip Code

You are not obligated to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. However, if you want the school to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space below and suggest the kind of accommodation that you believe would be appropriate.

I hereby waive and relinquish all rights to review the contents of reference letters and/or forms from former employers and/or references named in my application for employment with Renaissance Academy, provided such documents are used solely for the purpose of evaluation of my application for employment. I verify that the information on this application is complete and accurate. I understand that providing false or incomplete information can be grounds for termination. I also give permission for Renaissance Academy to perform a background check to be used solely for the purpose of evaluating my application for employment.

Signature _____

Date _____

SUPPLEMENTARY INFORMATION

Please answer each question in your handwriting.

1. List additional training you have had that will be an asset in the position for which you are applying.

2. List interests and hobbies.

3. Why did you choose teaching as a career? _____

4. What are your career aspirations? _____

5. Why are you interested in employment with Renaissance Academy?

6. What are the most important challenges facing educators? How will you address these challenges?

If there is additional information that you feel will help us get to know you better, please attach a sheet.

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. This application, when completed, will remain active for 1 year.

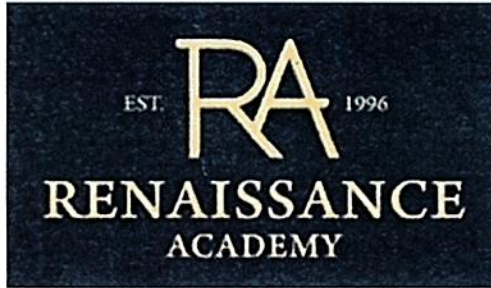
Please return this application to:
Renaissance Academy
Office of the Director
805 E. Whitner Street
Anderson, SC 29624

Signature _____

Date of Application _____

APPLICANT - DO NOT FILL IN

Interviewed By _____ Date _____ Interviewed By _____ Date _____



805 East Whitner Street
Anderson SC 29624

Criminal Record History for Initial Employment

Please complete the following information and return this form with your application. The recruiting office will conduct a criminal record history check.

Name(s): _____
Last First Middle Maiden

Date of Birth: _____

Race: _____

Sex: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I understand that my employment is conditional upon the School's receipt of a satisfactory criminal history record. I authorize the Renaissance Academy to obtain a criminal history Record.

Signature: _____ Date: _____



School Employee Certificate of Evaluation for Tuberculosis

Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____

Worksite, e.g. public or private school, kindergarten, nursery, or daycare facility for infants and children _____ Date employed _____

TEST RESULTS	TUBERCULIN SKIN TEST _____ 5 TU Mantoux Method _____ mm _____ IGRA _____ Date Collected _____ Results _____	CHEST X-RAY Date _____ Interpretation: _____	REMARKS
DISPOSITION	<p>_____ No tuberculosis infection per 5 TU PPD or IGRA results¹</p> <p>_____ Tuberculosis infection, no evidence of disease</p> <p>_____ Preventive treatment started _____ and completed _____.</p> <p>_____ Preventive treatment started _____ but not completed²</p> <p>_____ Preventive treatment not prescribed/refused²</p> <p>_____ History of tuberculosis disease. Treatment started _____ and completed _____.</p> <p>_____ Current tuberculosis disease</p> <p>_____ Non-contagious as of _____ and medically cleared to start/resume school employment on _____.</p>		
CERTIFICATION	<p>¹No further routine screening required unless additional screenings required by employer. ²Remains at lifelong risk of developing tuberculosis.</p> <p>_____ This is to certify that I have examined the person named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976.</p> <p style="text-align: right;">Physician's Signature _____ Date _____</p>		

DHEC 1420 (07/2017) **DISPOSITION:** This form shall be retained in the files of the current employer or individual following evaluation and certification.



Medical Clearance

Name _____

Address _____

To your knowledge do you have any physical or mental illness? Yes _____ No _____

If yes, give details: _____

This section to be completed by a physician

PHYSICAL EXAM:

-HEENT: Normal _____ Abnormal _____

Comment _____

-CARDIOVASCULAR: Normal _____ Abnormal _____

Comment _____

-PULMONARY: Normal _____ Abnormal _____

Comment _____

-ABDOMEN Normal _____ Abnormal _____

Comment _____

-GENITOURINARY Normal _____ Abnormal _____

Comment _____

-MUSCULOSKELETAL Normal _____ Abnormal _____

Comment _____

-SKIN Normal _____ Abnormal _____

Comment _____

This is to certify that on _____, I, a licensed medical doctor, examined this person and found him/her free from any obvious communicable disease or physical condition which would, in my opinion, impair or prevent the performance of duties functions, or responsibilities for which I am employed. In my opinion, this person (is) (is not) capable of performing physical duties involved in his/her responsibilities.

Also, to my knowledge, the applicant is not addicted to drugs and is not suffering from obvious psychological problems that would prevent him/her from performing responsibilities.

Physician's Signature / Date _____