

Challenge to Excellence Charter School

Application for Employment

APPLICANT INFORMATION			
Name (Last, First, Middle Initial):			
Mailing Address (Street, Apt, Unit or PO Box):			
City:	State:	Zip Code:	
Phone Number: ()	Alternate Contact Number: ()	E-Mail Address:	

Position Applying for:

General Information - Please Read Carefully

To be considered for employment with Challenge To Excellence Charter School, the following items must be completed in your application file:

1. This form should be completed, signed and dated. Complete each page of this application (there are six pages). Print clearly. Illegible and/or incomplete applications will not be processed. Do not leave a question unanswered – indicate “Not applicable.” Do not state “See Resume,” complete all questions. Provide only the requested information. Failure to do so may result in disqualification of your application.
2. Applicants for instructional positions should provide a legible copy of transcript(s). Unofficial transcripts are acceptable.

If you require assistance filling out the employment application form, please notify the Business Office and every effort will be made to accommodate your needs in a reasonable amount of time.

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements on this form or during the interview process are grounds for terminating the application process, or if discovered after employment, termination of the employment relationship. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sex, sexual orientation, genetic information, or any other status protected by law or regulation. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

GENERAL INFORMATION

- Have you ever been employed by Challenge To Excellence Charter School before? Yes No

If yes, list dates employed: from ____/____/____ to ____/____/____

Position Held: _____ List any other name you may have been employed under: _____.

- Do you have a relative currently employed by Challenge To Excellence Charter School? Yes No

Name	Relationship to you	Position

- I am legally eligible for employment in the U.S. ____ [initial]

- Are you able to perform the essential functions of the position you are applying for, with or without accommodations? Yes ____ No ____

- Do you need an accommodation to participate in the interview process? Yes ____ No ____

- If you are applying for a teaching position, have you ever been denied a Colorado Teaching Certificate or Teaching License or denied a Teaching License in another state?

Yes No If yes, Please explain: _____

- If you are applying for a Teaching position, have you ever held a Colorado Teaching Certificate or License or in another state which was suspended or revoked or which you surrendered voluntarily for any reason?

Yes No If Yes, please explain: _____

- Have you been convicted of a crime? Yes No If "Yes", please describe in the boxes below.

"Conviction" includes conviction by a jury or court, forfeiture of bail or other security, payment of a fine, a guilty plea accepted by a court, a plea of nolo contendere, and the imposition of a deferred or suspended sentence. (Conviction will not necessarily bar an employee from consideration. In accordance with applicable state and federal laws, factors such as nature and seriousness of the offense, age at time of the offense, remoteness of the offense, time since the last conviction, nature of the job sought and rehabilitation efforts may be relevant.)

Incident	City/State	Charge

EDUCATION

High School Name:	Location:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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College or University Name:	Location:	Attended: From – To (Mo-Yr)		
Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:	Total Semester Hours:

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Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:	Total Semester Hours:

LICENSES/CERTIFICATIONS/SKILLS/ABILITIES/HONORS: If you have a license/certificate or special skill or ability, or have received a special honor that is applicable to the position for which you are applying, complete the following:

License or Certification Type: License Number: Expiration Date: State and/or Agency granting license:	Certifications: Type: State or agency Granting Certification:
Skills/Abilities:	
Honors:	

LANGUAGE PROFICIENCY: List language skills, other than English, you have and the level of your proficiency.

Language (s):	Level of Proficiency:
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EMPLOYMENT HISTORY

EMPLOYER		Your Title:		DATES OF EMPLOYMENT	
Address				From: Month	Year
Supervisor Name	Title:	Phone	To: Month		Year
Duties: (List major duties and responsibilities)				Reason for leaving	
EMPLOYER		Your Title:		DATES OF EMPLOYMENT	
Address				From: Month	Year
Supervisor Name	Title:	Phone	To: Month		Year
Duties: (List major duties and responsibilities)				Reason for leaving	
EMPLOYER		Your Title:		DATES OF EMPLOYMENT	
Address				From: Month	Year
Supervisor Name	Title:	Phone	To: Month		Year
Duties: (List major duties and responsibilities)				Reason for leaving	

EMPLOYER		Your Title:		DATES OF EMPLOYMENT	
Address				From: Month	Year
Supervisor Name	Title:	Phone	To: Month	Year	
Duties: (List major duties and responsibilities)				Reason for leaving	
EMPLOYER		Your Title:		DATES OF EMPLOYMENT	
Address				From: Month	Year
Supervisor Name	Title:	Phone	To: Month	Year	
Duties: (List major duties and responsibilities)				Reason for leaving	
EMPLOYER		Your Title:		DATES OF EMPLOYMENT	
Address				From: Month	Year
Supervisor Name	Title:	Phone	To: Month	Year	
Duties: (List major duties and responsibilities)				Reason for leaving	

REFERENCES

Please list three (3) references who are knowledgeable about your performance who are willing to give an evaluation of your qualifications for the position you are applying for. Please do not include relatives or supervisors listed in the Employment History section of this application.

REFERENCE NAME:	Business/Occupation:	Relationship:
Address:		Phone:
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Address:		Phone:
REFERENCE NAME:	Business/Occupation:	Relationship:
Address:		Phone:

CERTIFICATION AND RELEASE

I certify that all of the information provided on this application and materials submitted to Challenge To Excellence Charter School is complete and true to the best of my knowledge and belief. I understand that false, misleading, incomplete or omitted information on this application, resume or other materials may result in rejection of my application or termination of employment should I become employed with Challenge To Excellence Charter School.

If my application is considered for employment, I authorize Challenge To Excellence Charter School and its agents to verify all information and statements provided on this application, resume and other materials and to conduct a background investigation I authorize release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release Challenge To Excellence Charter School and the reference sources from any liability in connection with its release or use.

Applicant Signature

Date

