

MACON COUNTY SCHOOLS

1202 Old Murphy Road

Franklin, North Carolina 28734

Phone: (828) 524-3314 Fax: (828) 369-7240

www.macon.k12.nc.us

APPLICATION for SCHOOL VOLUNTEER

PERSONAL INFORMATION

Name _____
Preferred Title First Middle/Maiden Last Nickname

Permanent Address _____
Street City State Zip

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Temporary Address _____ From: _____ To: _____
Street City State Zip

Temporary Phone (____) _____ Other Phone (____) _____ Email: _____

Please check the schools and grade levels for which you are interested in volunteer.

Schools	Grade Levels	Subject Preference
<input type="checkbox"/> Cartoogechaye	<input type="checkbox"/> Macon Early College	<input type="checkbox"/> All _____
<input type="checkbox"/> East Franklin	<input type="checkbox"/> Macon Middle School	<input type="checkbox"/> K-4 _____
<input type="checkbox"/> Franklin High School	<input type="checkbox"/> Nantahala	<input type="checkbox"/> 5-6 _____
<input type="checkbox"/> Highlands	<input type="checkbox"/> South Macon	<input type="checkbox"/> 7-8 _____
<input type="checkbox"/> Iotla Valley	<input type="checkbox"/> Union Academy	<input type="checkbox"/> 9-12 _____
<input type="checkbox"/> Mountain View Intermediate		

Professional Licensure Information

Do you hold a current Professional License/Certificate from any state? ☐ Yes ☐ No

If yes, enclose a copy and please complete the following information:

State(s) in which you hold a current license/certificate: _____

Area(s) of License Certification (Elementary Education, Social Studies, etc.) _____

Additional Information

YES	NO	Please check appropriate answer to each of the following questions:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been asked to resign from a position of employment or been dismissed, fired, discharged, suspended or otherwise subject to disciplinary action?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a teaching license/certificate suspended or revoked?
<input type="checkbox"/>	<input type="checkbox"/>	Have you even been convicted of any violation of the law other than a minor traffic ticket?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever entered a plea of <u>nolo contendere</u> (no contest) to any charge against you?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any criminal charges pending against you or are you currently involved in any criminal proceeding, including supervised or unsupervised probation?

If you answered "YES" to any of the questions above, then please explain on a separate page and include with this application. In accordance with State law, you are not required to disclose any arrest, charge, or conviction that has been expunged from the public record.

Driver's License Number _____ State _____ Class _____

Educational Preparation					
Level of Education	Name of School or University	State	Dates Attended	Field of Study	Degree Awarded
High School					
College					
**Please enclose copies of all college transcripts.					
Have you completed North Carolina Effective Teacher Training? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please attach a copy of verification.					
Employment History					
(Please list all full-time experience in reverse chronological order)					
Employer	Location	Type of Work	Dates of Employment	Reason for Leaving	
Please Provide Four References					
Name	Address	Position	Telephone	Email	

If a Macon County Schools Employee recommended that you apply, please give name: _____

Please use the space below to provide any additional information you would like to share about your community experience with children.	
<div style="border: 1px solid black; height: 70px; width: 100%;"></div>	
<p>The undersigned applicant/employee hereby expressly authorized the Board of Education, its agents and its employees to make any investigations of my personal or employment history, expressly including, but not limited to, federal and/or state criminal, law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give the Board of Education, its agents or its employees any information they may have regarding me. In consideration of the review of my employment application by the Board of Education, its members, officers, agents or its employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as a duplicate original. I have read the information contained in the application carefully and certify that the information I have given is correct and complete. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that I am not required to disclose any arrest, charge or conviction that has been expunged from the public record.</p>	
Date	Applicant Signature
Date	Recommending Principal Signature (required)

In compliance with federal law, Macon County Schools administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability

Thank you for your interest in working with Macon County School Children.

Macon County Schools

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

The Macon County School system may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and / or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and / or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and / or employment history conducted by Background Investigation Bureau, LLC, ("BIB") who may be reached at 9710 Northcross Center Court, Huntersville, NC 28078, or by phone at (877) 439-3900 or by another outside organization. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing the Macon County School system to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. The BIB privacy policy may be found at www.BIB.com

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Macon County School system by directly contacting the consumer reporting agency identified above.

AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and / or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and / or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Macon County School system, and / or the system itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

- ☐ Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Macon County School system.
- ☐ Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Macon County School system at no charge whenever you have a right to receive such a copy under California law. NOTE - If you elect to receive a copy, you are required (on an ongoing basis) to keep the Macon County School system informed of address changes so reports are not sent to old addresses.

Personal Identifying Information for Consumer Reporting Agency – please print or type (list all names used; maiden, surname,			
Last Name		First	Middle
Last Name		First	Middle
Last Name		First	Middle
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
*Date of Birth	*Social Security No.	Gender	Race
Drivers License Number		State Issued	Expires

*This information is for the sole purpose of retrieving the background information listed above and will not be used by the Macon County School system for discriminatory purposes.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Signature: _____ Date: _____