



P.O. Box 665 Mt. Pleasant, SC 29465-0665
843-884-0902 (main) 843-884-0905 (fax)
www.uslowcountry.org

Faculty & Volunteer Application

Personal Information

Today's date: _____

Full Name: _____
 First Middle Last

Previous or other surname(s) reflected on employment or educational records: _____

Present Mailing Address: _____
_____ Telephone (_____)_____

Permanent Mailing Address: _____
_____ Telephone (_____)_____

E-mail address: _____ Cell phone: (_____)_____

Position Information

I am applying for (check all that apply):

Full-time teaching ____ Part-time teaching ____ Substitute teaching ____ Volunteering ____

Please list the subjects in which you are proficient: _____

In what languages are you proficient? _____

Should you be offered a position, when would you be able to start? _____

Educational and Professional Background

High School: _____
Name of School Year Graduated City, State

College/University:

Degree College/University City, State Dates enrolled Date graduated

Degree College/University City, State Dates enrolled Date graduated

Degree College/University City, State Dates enrolled Date graduated

Teaching and Other Relevant Experience

(List most recent first)

1. School/Company/Agency: _____

Principal/Supervisor: _____ Phone: _____

Position Held: _____ Full-time ___ Part-time ___

Dates of employment (mo/yr): _____ to _____

Job Description: _____

Reason for leaving: _____

2. School/Company/Agency: _____

Principal/Supervisor: _____ Phone: _____

Position Held: _____ Full-time ___ Part-time ___

Dates of employment (mo/yr): _____ to _____

Job Description: _____

Reason for leaving: _____

3. School/Company/Agency: _____

Principal/Supervisor: _____ Phone: _____

Position Held: _____ Full-time ___ Part-time ___

Dates of employment (mo/yr): _____ to _____

Job Description: _____

Reason for leaving: _____

References

Give a minimum of three references, especially superintendents, heads, or principals under whom you have taught, who have first-hand knowledge of your character, personality, and teaching ability.

1. Name: _____ Position/School: _____

Address: _____

E-mail: _____ Work phone: _____ Home phone: _____

2. Name: _____ Position/School: _____

Address: _____

E-mail: _____ Work phone: _____ Home phone: _____

3. Name: _____ Position/School: _____

Address: _____

E-mail: _____ Work phone: _____ Home phone: _____

Special Training & Experiences

Please indicate experience or training in any of the following:

KEY: T=Training E=Experience T/E = Both

- | | |
|---|--|
| _____ Authentic Assessment | _____ Peer Coaching / Critical Friends |
| _____ Behavior Management | _____ Multi-Age Class/Grouping |
| _____ Child Abuse Awareness | _____ Backwards Planning |
| _____ Multicultural Awareness | _____ Portfolios |
| _____ Gifted/Advanced Students | _____ Process Writing |
| _____ Cooperative Learning | _____ Signing / Sign-Language |
| _____ Critical Thinking Skills | _____ Study Skills |
| _____ Current First Aid/CPR certification | _____ Task Writing / Rubrics |
| _____ Developmentally Appropriate Practices | _____ Team Teaching |
| _____ Drug/Alcohol Education | _____ Visual/Manipulative Math |
| _____ Equity Awareness | _____ Whole Language |
| _____ Inclusive Education | _____ Individualized Instruction |
| _____ Integrated Curriculum | _____ Curriculum Mapping |
| _____ New Faculty Mentoring | _____ On-line Learning |
| _____ Other: _____ | |

Coaching and Advising

Extra/Co-Curricular Activities Sponsored:

Activity: _____ Level: _____

Activity: _____ Level: _____

Activity: _____ Level: _____

Athletic Team(s) Coached:

Sport: _____ Level: _____

Sport: _____ Level: _____

Sport: _____ Level: _____

Other Experiences / Honors / Awards

Administrative Responsibilities: _____

Please list computer/software/technical devices with which you have experience: _____

Other experiences contributing to your professional qualifications: _____

Community Service involvement: _____

Professional organizations & honors: _____

Please explain your educational philosophy:

Application Process *(not required for volunteer-only applicants)*

Employment / Placement Agency (if any): _____

If hired, can you provide documents to verify your eligibility to work in the United States?

_____ yes _____ no

Is your physical / mental health condition such that you can fulfill the essential teaching / extracurricular work for which you are applying (either with or without reasonable accommodations)?

_____ yes _____ no

Upon receipt of this completed application, your file becomes active. Any letters, transcripts, or other materials that you send to University School during the full year following the date on this application will be added to your file. At the end of one calendar year, the file will be discontinued.

Please mail the completed application, together with a letter of interest, a current resume, and any pertinent transcripts or school records to:

University School of the Lowcountry
P.O. Box 665
Mt. Pleasant, SC 29465-0665

For more information regarding available positions, please visit the University School website (www.uslowcountry.org)

Non-Discrimination Policy

University School of the Lowcountry is committed to its growth as an institution that welcomes and values a diversified school community. The school does not discriminate on the basis of race, national or ethnic origin, religion, economic background, or any other classification protected by law in the administration of its educational policies, financial assistance policies, or any other school policy or program.

Authorization to Obtain and Release Information

I understand that any omissions on this application may prevent my application from being evaluated. I authorize University School of the Lowcountry to obtain information about my criminal records. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or other documents submitted to the School will be sufficient cause for this application not to be considered by the School, or for discharge if I have been employed.

I authorize University School of the Lowcountry, for which I have completed an employment application and/or resume, to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education, qualification, or fitness, to provide such information to University School of the Lowcountry. I release the School and all persons providing information to the School from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature: _____ Date: _____

By electronically submitting my application materials, I agree to the conditions stated in this "Authorization" section and understand that this section is enforceable as if I had signed above.

