

**RIDGECROFT SCHOOL**  
 420 NC 11 North  
 Post Office Box 1008  
 Ahoskie, North Carolina 27910  
 Telephone: 252-332-2964  
 Fax: 252-332-7586  
 Website: www.ridgecroft.org

Accredited by Southern Association of Colleges and Schools

### APPLICATION FORM

All persons applying for positions except substitute are required to supply photo copies of college transcripts (both undergraduate and graduate), NTE scores, NC (or other) Teacher's Certificate.

All persons are required to submit at least three reference forms to persons who have firsthand knowledge of your job performance including recent principal (or superintendent) or supervising teacher during internship. Reference forms that are completed should be mailed directly to Ridgecroft School.

You will be contacted and an interview will be scheduled if there is an appropriate opening. Applications will remain on file for two years.

DATE: \_\_\_\_\_

#### **I. PERSONAL DATA (If possible, please provide a photograph)**

Name \_\_\_\_\_

Last                                      First                                      Middle

Permanent Address \_\_\_\_\_

Street                                      City                                      State                                      Zip

Social Security Number \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### **II. EMPLOYMENT PREFERENCE:**

Please indicate position(s) for which you are applying:

Substitute                       PreK                       Grades K-2                       Grades 3-5  
 Grades 6-8      List Subject Areas \_\_\_\_\_  
 Grades 9-12      List Subject Areas \_\_\_\_\_  
 Music/Art               Physical Education               Library/Media               Technology  
 Resource Teacher               Administrative               Director of Development  
 Director of Curriculum               Business manager               Administrative Assistant  
 Food Service               Custodian

**III. EDUCATIONAL AND PROFESSIONAL TRAINING:**

Dates of Attendance	Name and Location	Degree or Diploma

Teaching Internship College/University	Location	Grade/Area	Dates	No. Months

**IV. CERTIFICATION**

Type Certification \_\_\_\_\_  
Grade/Subjects and Level of Certification \_\_\_\_\_  
Date Issued \_\_\_\_\_ Date Effective \_\_\_\_\_ Date Expires \_\_\_\_\_  
Dates and scores on NTE: \_\_\_\_\_

**V. EMPLOYMENT EXPERIENCE**

Years	Employer's Name	Location	Position/Responsibilities	No. Months	Supervisor

Are you currently under contract: \_\_\_\_\_ Are you under contract for next school year? \_\_\_\_\_  
Have you ever failed to be recommended for renewal of your contract? \_\_\_\_\_ Briefly explain the  
circumstances. \_\_\_\_\_  
Why do you seek a change in position? \_\_\_\_\_

**VI. REFERENCES (List at least three contacts)**

Name	Address	Phone Numbers	Official Job Title/Position
1. _____			
2. _____			
3. _____			

Placement Bureau where your credentials may be secured \_\_\_\_\_