

Innovations Public Charter School 75-5815 Queen Ka'ahuman Hwy Phone: (808) 327-6205 Kailua-Kona, HI 96740 Fax: (808) 327-6209

## Application for Employment

Applicant information	
Social Security No	Today's Date

Name _	Last	Fi	irst 1	Л.I.	Home P	hone	
Address	Street			City		State	Zip
	Phone ( )				one (		
					,	,	
	n Applying For		See job descriptions	at http	://www.ip	ocs.info/jobs.h	ntml
Full-	time Teacher Pa	art-Time T	eacher(PTT)	Ad	lministrat	ive Assistant	Clerk
	ctor Other		If	applvi	na for ful	l-time, are voi	u willing to
SPE	DSPED EA	Cou	unselor	consider half-time?yesno			no
	s attended after high scho tution		ocation	De	gree	Date	Major / Mino
Student From   T	Teaching and/or P	racticur Grade Le	<b>n</b> (for Teacher / Ins	tructo	r applica School	nts only) Name	
	ional Certification		State		Da	ate Granted	Expires

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**Resume:** Please attach a resume with all professional and paid work experiences. Include the followin special interest or strength areas; significant honors, awards and types of recognition you have received (academic or non-academic); brief summary of your technology experiences and specific programs you or have used; short essay about why you are interested in working in a charter school.

**Letters of Recommendation:** Please attach 3 letters of recommendation with this application: 1 from a supervisor, 1 from a co-worker and 1 from a peer. Be sure the writers include their contact informa state their relationship to you, the length of time they've known you and their signature in the letter.

Questionnaire											
<ol> <li>Are you legally elig</li> <li>Are you under con</li> </ol>			yes yes	no							
3. Do you have a vali	d driver's license?	•	yes	no							
Agreement to Employment											
connection with any vi	Convictions: Have you ever been convicted, fined, placed on probation, given a suspended sentence or forfeited bail in connection with any violation of law, regardless of any subsequent court dismissal or expungement, with the exception of minor traffic violations such as parking or speeding?yesnoinitial										
	he expected date of resolution of the case:										
<ol><li>Pending Court Cases:</li></ol>	Do you have any per	ding criminal co	urt cases?yes	no _	initial						
<ol> <li>Have you ever had a credential, application, permit, license, or other document authorizing public school service or teaching suspended, revoked, voided, denied and/or otherwise rejected for cause in Hawaii or any other state or place?yesno</li> </ol>											
<ol> <li>Have you ever been dismissed from or not re-employed with a public or private school while holding a teaching or other position/s?yesno</li> </ol>											
<ol> <li>Are you now the subject of any inquiry, disciplinary action, review or investigation, in any school district, by a teacher-licensing agency or in the courts of Hawaii or any other state in connection with any alleged misconduct?yesno</li> </ol>											
<ol> <li>Is any adverse action now pending against a credential or permit which you hold and which authorizes public school service or teaching in Hawaii or any other state?no</li> </ol>											
I understand that before I may be assigned to an Innovations Public Charter School position, I must meet the health standards required by the state of Hawaii. This includes a test for tuberculosis and certification from a licensed physician that my health me state standards to perform the position for which I am applying. I further understand that this is at my own personal expense.											
I understand that, in order to teach at Innovations Public Charter School, it is necessary to hold or be eligible for a valid teaching credential issued by the Hawaii Department of Education.											
I hereby certify that I have completed this application accurately and that I have read the statements above. I authorize Innovations Public Charter School to obtain information concerning me from current and former employers and any other persons I have given as references. I agree to undergo the necessary fingerprinting and background check to verify information that Innovations Public Charter School is required to obtain by law. I release all concerned from liability in connection therewith. understand that incomplete or false statements may disqualify me from employment with Innovations Public Charter School.											
Signature Date											
Print Name											
Office Use Only											
Employment Clearance	Verified By	Date	Employment Clear	ance Verifie	d By Date						
Employment Eligibility			Background Check	k							
Current Health Records			Valid Teaching Cre expires	dential							