



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
Inspire. Change.

The Teachers Academy
324 Curry Building
PO Box 26170, Greensboro, NC 27402-6170
(336)334-5591

DATE: 12/19/08
TO: Student Teaching Candidates
FROM: The Teachers Academy
RE: Student Teaching Applications

1. Complete Section **I** of the **UNCG Application for Admission to Student Teaching**.
2. Complete the attached **Piedmont Alliance Form** and sign.
3. Complete the **Guilford County Schools (GCS) Release of Information form**.
4. a) Complete the **Consumer Reports Release Form**

b) **Applicants who have lived outside of North Carolina in the last seven (7) years need to complete the BIB Credit Card form with the Consumer Reports Release Form and fax or mail both forms and a copy of your Drivers License to BIB- 1-704-439-3901(FAX) or by mail to: BIB Research Dept. 9712 Northcross Ctr., Huntersville, NC 28078**
5. Attach a current Transcript Detail (Detail Requirements) – found on UNCGenie.
6. Complete the checklist below to make sure all requirements have been completed.

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| <ul style="list-style-type: none">✓ Section 1 of the application completed.✓ Piedmont Alliance Form is complete and signed.✓ Guilford County Schools Release of Information Form✓ Photocopy of Drivers License is attached to back of application.✓ Consumer Reports Release Form is complete. (Has been faxed or mailed to BIB if lived outside of NC in past 7 years)✓ Transcript Detail is attached |
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Return a copy of all completed forms to the Teachers Academy at 324 Curry Building on or before:

November 1st for Fall Placements or February 15th for Spring Placements.

Student Name: _____

12. Educational History

<u>Institutions Attended:</u>	<u>Name of Institution</u>	<u>City & State</u>	<u>Dates Attended</u>	<u>Degrees/Dates</u>
Present College/University:	_____	_____	_____	_____
Previous Colleges/Universities	_____	_____	_____	_____
Community or Junior College	_____	_____	_____	_____
High School	_____	_____	_____	_____

13. Public School/Field Work Experience

<u>School/Agency</u>	<u>Age Group of Child/Client</u>	<u>Public School Teacher/ Agency Supervisor</u>	<u>Duties</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

14. Please list previous jobs, special curricular or extracurricular activities which will relate to your school placement (honors, work experience, volunteer work, summer jobs, etc.):

<u>Activities</u>	<u>Dates</u>	<u>Duties</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Please provide a brief handwritten autobiographical statement (attach another page if necessary):

I have read this application carefully and certify that the information I have given is correct and complete.

Date: _____, 20_____

Signature of Applicant

Please note:

1. Student teachers/interns shall abide by applicable N.C. Statutes and by the local school's calendar and by all the schedules, policies and procedures in effect in the schools to which they are assigned.
 2. Student teachers/interns will be assigned to any eligible cooperating teacher at any local school on a nondiscriminatory basis.
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**GUILFORD COUNTY SCHOOLS (GCS)
RELEASE OF INFORMATION FORM**

The purpose of this form is to notify you, in accordance with present federal law that a background report, including criminal records check, will be obtained on you in consideration for placement as a student teacher and/or in the course of your employment with the Guilford County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Last Name: _____ First: _____

Middle: _____ Other (Maiden, Aliases, etc.): _____

Present Address: _____ Social Security #: _____ - _____ - _____

City: _____ State: _____ Zip Code: _____

Date of birth: _____ Race: _____ Home Phone: () _____
 Month Day Year

Driver's License #: _____ State of Issue: _____

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the person or company with which this form has been filed, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:

Street	City	County	State	Dates

Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions, guilty pleas etc. but exclude minor traffic violations. Please provide date(s), court of jurisdiction, and state.

Position nominated for: STUDENT TEACHER Previously worked for GCS: ____ yes ____ no

School/Location: ATTN: OFFICE OF EMPLOYMENT

Applicant's Signature: _____ Date: _____

Consumer Reports Release / Order Form

In connection with my application for employment (including contract for services) or for consideration for placement as a student teacher with Guilford County Schools, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT INFORMATION CLEARLY IN UPPER CASE

Last: _____ First: _____

Middle: _____ Other: Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates (MM/YEAR)</u>
1.	_____	_____	_____	_____	From: _____ To: _____
2.	_____	_____	_____	_____	From: _____ To: _____
3.	_____	_____	_____	_____	From: _____ To: _____
4.	_____	_____	_____	_____	From: _____ To: _____
5.	_____	_____	_____	_____	From: _____ To: _____

Signature _____ Date: _____

REQUESTOR: GCS001

DEPT. _____

COUNTY CHARGES are PER NAME

COUNTY CRIMINAL RECORD SEARCH FOR THE FOLLOWING AREAS:

1) \$ _____, 2) \$ _____, 3) \$ _____, 4) \$ _____, 5) \$ _____

COST: \$3.00 PLUS \$12 per County in ALL States with the exception of: SD Counties @ \$30. ALL NY areas = 1x \$58

Fax to: B.I.B. @ 1-704-439-3901 (Add Lines 1-5 PLUS \$3.00) TOTAL AMOUNT DUE: \$ _____.

Please remember that criminal records are name sensitive. Maiden & Alias names are treated as a separate searches.

Acceptable forms of payment: Visa / MC / Discover (Fax in Credit Card Form with this Search Request), or Money Order

MAILED to: **BIB, 9710 Northcross Ctr. Court, Huntersville, NC 28078**

B.I.B. INC. CREDIT CARD CHARGE APPROVAL

This document provides BIB Inc. with approval to process your credit card for charges incurred for criminal record searches being performed for my application to:

GUILFORD COUNTY SCHOOLS DEPT: _____

CREDIT CARD INFORMATION

- CREDIT CARD AUTHORIZATION -

By my signature below, I authorize RSM Group, LLC to process and charge my credit card for my criminal record searches.

Credit Card Type: _____(Visa / Mastercard / Discover / AmEx)

Credit Card Number: _____ Expiration Date: _____

Credit and Security PIN _____(3 to 4 digit number in signature block on back of card)

Cardholder Name: _____ (as written on card)

Billing Address: _____ City: _____ State: ____ Zip: _____

Cardholder Telephone Number: (____) _____

Cardholder Signature: _____ Date: _____

Please forward 1) this document, 2) Your Consumer Reports Release Form, and 3) a Photostat copy of your Drivers License to the attention of the RESEARCH DEPT via the Toll Free Fax Number: 1-704-439-3901 or Mail to: BIB, Inc., Attention: 9710 Northcross Center Ct., Suite 100 Huntersville, NC 28078.