

# Cumberland County - Field Experience

1. Complete and submit the following documents:
  - a. Cumberland County Background Form
  - b. CCS Student Observation Request Form
2. An example of these forms completed can be found on the last page of this document.
3. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
4. Placement confirmations will be provided by the Office of Educator Engagement and Student Success and reflected in the Brave Educator Dashboard. Be sure to check the dashboard regularly for updates.

Questions? Please contact the Director of Educator Engagement and Student Success, Dr. Kamina Fitzgerald, [kamina.fitzgerald@uncp.edu](mailto:kamina.fitzgerald@uncp.edu)

# Cumberland County Schools

## Disclosure/Authorization for

### Criminal Background Check

**INSTRUCTIONS:** Please fill form out in its entirety. Incomplete forms will delay processing.

<b>Current Legal Last Name:</b>	<b>Current Legal First Name:</b>	<b>Current Legal Middle Name:</b>	<b>Maiden/ All other names:</b>

<b>Social Security Number:</b>	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Date of Birth:</b>	<b>Driver's License #:</b>   <b>State:</b>	<b>Ethnic Group:</b> <input type="checkbox"/> <b>ASIAN</b> (including Pacific Islander) <input type="checkbox"/> <b>BLACK</b> (non-Hispanic) <input type="checkbox"/> <b>HISPANIC</b> <input type="checkbox"/> <b>INDIAN</b> (including Alaskan Native) <input type="checkbox"/> <b>WHITE</b> (non-Hispanic)
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**Email Address:** lsm026@bravemail.uncp.edu

Residency Information: List last ten years, beginning with most current (NO PO BOXES)					
Dates		ADDRESS	CITY	STATE	ZIP CODE
FROM MM/YY	TO MM/YY				

<b>Position(s) Applied for:</b> (include all position that you want to be considered for)

**Are you a current Cumberland County Schools employee?** YES    NO

**Have you previously applied?** YES    NO

My signature below authorizes Cumberland County Schools (CCS) to obtain information about me from a consumer reporting agency for the purposes of employment, volunteering, student teaching/intern, outside service provider, contract services, etc. This information may be obtained at any time after the receipt of my authorization and throughout my term of service and/or consideration. The 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 record searches, motor vehicle records checks, and court record checks. The consumer report will be obtained from Background Investigative Bureau, LLC (BIB), located at 9710 Northcross Center Court, Huntersville, NC 28078, phone number 1-877-439-3900. I hereby authorize any law enforcement agency, administrator, local state or federal agency to furnish any and all background information requested by BIB, additional third party organizations acting on behalf of CCS, and/or CCS itself. I certify that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of this application or dismissal from employment if you have been hired. It is understood that this application and all other pre-employment data become property of CCS. I understand that my date of birth, sex and ethnic group will not be used to discriminate against me in violation of any law. I agree that a copy of this authorization shall be valid as the original. (Revised 8/1/15)

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>HUMAN RESOURCES USE ONLY:</b>







### Student Observation Request Form

Date: [Click here to enter a date.](#)

University/College:

Student Name:

Phone:

Requesting Observation Placement for: Choose Semester 20

Do you expect to return next semester for Clinical Experience? Choose One

Will the placement next semester need to be with the **same** teacher? Choose One.

Student Observation Time Frame (Dates): Please include intended start & end dates	
<b>Placement 1:</b>	<b>Subject Area:</b> Subject area you need placement for?
<b>Preferred Teach (if any):</b> First & Last Name (if any)	
<b>Grade Level Requested:</b> Grade	Number of Hours:
1 <sup>st</sup> Choice of School: (Required Field)	
2 <sup>nd</sup> Choice: (Required Field)	
3 <sup>rd</sup> Choice: (Required Field)	
<b>Placement 2:</b> For 2 classes in same semester	<b>Subject Area:</b> Subject area you need place for?
<b>Preferred Teacher (if any):</b> First & Last Name (if any)	
<b>Grade Level Requested:</b> Grade	Number of Hours:
1 <sup>st</sup> Choice of School: (Required Field)	
2 <sup>nd</sup> Choice of School: (Required Field)	
3 <sup>rd</sup> Choice of School: (Required Field)	

Clinical Educator Requirements:

- Be professional licensed in the field of licensure sought by the student
- Have a minimum of three year experience in a teaching role
- Have been rated, through the educator's most recent formal evaluations, at least at the "proficient" level as part of the North Carolina Teacher Evaluation System
- Have met expectations as part of student growth in the field of licensure sought by the student

Education Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Cumberland County Schools

## Disclosure/Authorization for

### Criminal Background Check

**INSTRUCTIONS:** Please fill form out in its entirety. Incomplete forms will delay processing.

<b>Current Legal Last Name:</b>	<b>Current Legal First Name:</b>	<b>Current Legal Middle Name:</b>	<b>Maiden/ All other names:</b>
<b>Locklear</b>	<b>Leslie</b>	<b>Anne</b>	

<b>Social Security Number:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">123-45-6789</div>	<b>Sex:</b> <input checked="" type="checkbox"/> <b>Female</b> <input type="checkbox"/> Male  <b>Date of Birth:</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">01/04/1991</div>	<b>Driver's License #:</b>  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">123456789</div>  <b>State:</b> North Carolina	<b>Ethnic Group:</b> <input type="checkbox"/> <b>ASIAN</b> (including Pacific Islander) <input type="checkbox"/> <b>BLACK</b> (non-Hispanic) <input type="checkbox"/> <b>HISPANIC</b> <input checked="" type="checkbox"/> <b>INDIAN</b> (including Alaskan Native) <input type="checkbox"/> <b>WHITE</b> (non-Hispanic)
<b>Email Address:</b> Leslie.locklear@uncp.edu			

Residency Information: List last ten years, beginning with most current (NO PO BOXES)					
Dates		ADDRESS	CITY	STATE	ZIP CODE
FROM MM/YY	TO MM/YY				

<b>Position(s) Applied for:</b> (include all position that you want to be considered for)
Field Experience / Observation Hours

**Are you a current Cumberland County Schools employee?**    YES    NO

**Have you previously applied?**    YES    NO

My signature below authorizes Cumberland County Schools (CCS) to obtain information about me from a consumer reporting agency for the purposes of employment, volunteering, student teaching/intern, outside service provider, contract services, etc. This information may be obtained at any time after the receipt of my authorization and throughout my term of service and/or consideration. The 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 record searches, motor vehicle records checks, and court record checks. The consumer report will be obtained from Background Investigative Bureau, LLC (BIB), located at 9710 Northcross Center Court, Huntersville, NC 28078, phone number 1-877-439-3900. I hereby authorize any law enforcement agency, administrator, local state or federal agency to furnish any and all background information requested by BIB, additional third party organizations acting on behalf of CCS, and/or CCS itself. I certify that the information given by me in this application is true and complete. I understand that any misrepresentation, falsification or omission will be sufficient cause for cancellation of this application or dismissal from employment if you have been hired. It is understood that this application and all other pre-employment data become property of CCS. I understand that my date of birth, sex and ethnic group will not be used to discriminate against me in violation of any law. I agree that a copy of this authorization shall be valid as the original. (Revised 8/1/15)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HUMAN RESOURCES USE ONLY:
Empty space for HR use



### Student Observation Request Form

Date: **December 19, 2022** University/College: **UNC Pembroke**

Student Name: **Leslie A. Locklear** Phone: **910-123-4567**

Requesting Observation Placement for: **Spring** **2023**

Do you expect to return next semester for Clinical Experience?

Will the placement next semester need to be with the **same** teacher?

Student Observation Time Frame (Dates): <b>Jan. 9, 2023 – April 28, 2023</b>	
Placement 1:	Subject Area: <b>Elementary Ed.</b>
Preferred Teach (if any):	
Grade Level Requested: <b>Grade 3rd</b>	Number of Hours: <b>12</b>
1 <sup>st</sup> Choice of School: (Required Field) <b>New Century International Elementary</b>	
2 <sup>nd</sup> Choice: (Required Field) <b>Cliffdale Elementary</b>	
3 <sup>rd</sup> Choice: (Required Field) <b>Morganton Road Elementary</b>	
Placement 2:	Subject Area:
Preferred Teacher (if any):	
Grade Level Requested: Grade	Number of Hours:
1 <sup>st</sup> Choice of School: (Required Field)	
2 <sup>nd</sup> Choice of School: (Required Field)	
3 <sup>rd</sup> Choice of School: (Required Field)	

Clinical Educator Requirements:

- Be professional licensed in the field of licensure sought by the student
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Education Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_