

# Burke County - Field Experience

1. Complete and submit the following documents:
  - a. [Background Check](#)- Page 2. Burke County School employees are exempt from this step.
  - b. Health Examination Certificate- Page 4.
  - c. Apply via [Online Applicant Tracking](#)
2. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
3. 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)

**Criminal Background Check Authorization Form  
Notification and Release**

**Burke County Public Schools**

The information contained in my application for employment with Burke County Public Schools (BCPS) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents, which are deemed material by BCPS, shall result in BCPS not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application is subject to review and verification by BCPS. I authorize all persons, firms and corporations, and law enforcement organization to give BCPS all information relative to such verification and hereby release such individuals, organizations, and BCPS from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by BCPS that BCPS may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions or arrest records, in order to assist BCPS in making employment decisions. I further acknowledge notification by BCPS that reports may be provided to BCPS by other firms contracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge BCPS, the Burke County Board of Education, and its employees, including contractors, from any and all claims, monetary or otherwise, that I may have against BCPS, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

Burke County Schools agrees to inform Applicant if an employment decision has been influenced by information contained in a consumer or criminal history report. Applicant may obtain a free copy of the report within sixty days by contacting BCPS in writing. A summary of "Your Rights Under the Fair Credit Reporting Act" is on the attached form.

**List all names that you have used during the last seven-(7) years (including married, maiden, and aliases): Please Print**

Name (First, Middle, Last): \_\_\_\_\_ Date of Birth (Mo / Day / Yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name (First, Middle, Last): \_\_\_\_\_ Dates Used—From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Names (First, Middle, Last): \_\_\_\_\_ Dates Used—From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Current and Previous Address (es)—last seven (7) years. Use extra page if necessary: (Month/Year)**

Street \_\_\_\_\_ From: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_ To: \_\_\_\_\_

Street \_\_\_\_\_ From: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_ To: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date (Mo / Day / Yr):** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature required.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving a notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided data – of any error. The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as a basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for 2 years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in a state or federal court.

The FCRA gives several different agencies authority to enforce the FCRA:

### FOR QUESTIONS OR CONCERNS REGARDING:

CRAs, creditors and others not listed below

National Banks, federal branches/agencies of foreign banks, (word “National” or initials “N.A.” appear in or after bank’s name.)

Federal Reserve System member banks (except national Banks, & federal branches/agencies of foreign banks)

Savings Associations & federally chartered savings Banks (word “Federal” or initials “F.S.B.” appear in Federal institution’s name)

Federal Credit Unions (words “Federal Credit Union” Appear in institution’s name)

State –chartered banks that are not members of the Federal Reserve System

Air, surface, or rail common carriers regulated by Former Civil Aeronautics Board or Interstate Commerce Commission

Activities subject to the Packers & Stockyards Act, 1921

### PLEASE CONTACT:

Federal Trade Commission  
Consumer Response Center – FCRA  
Washington, DC 20580 \*202-326-3761

Office of the Comptroller of the Currency  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219 \*800-613-6743

Federal Reserve Board  
Division of Consumer & Community Affairs  
Washington, DC 20551 \*800-452-3693

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 \*800-842-6929

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 \*704-518-6360

Federal Deposit Insurance Commission  
Division of Compliance & Consumer Affairs  
Washington, DC 20429 \*800-934-FDIC

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 \*202-366-1306

Department of Agriculture  
Office of Deputy Administrator – GIPSA  
Washington, DC 20250 \*202-720-7051

Return to Personnel by: \_\_\_\_\_

**HEALTH EXAMINATION CERTIFICATE**

**North Carolina Public Schools**

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The above named individual is to be recommended for employment by **Burke County Public Schools** (local school board) in a position of \_\_\_\_\_. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

**I. Communicable Disease**

By my signature I certify that the above named person **does not have any communicable disease, including tuberculosis**, which poses a significant risk of transmission in our schools or would impair this person’s ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment: \_\_\_\_\_  
\_\_\_\_\_

**Tuberculosis Reading:** \_\_\_\_\_

(Can attach reading separately if needed)

**II. Other Health Areas**

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			

\_\_\_\_\_  
Physician, PA, or Nurse Practitioner (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to Personnel by: \_\_\_\_\_

License/Registration #: \_\_\_\_\_

\*State Granting License/Registration: \_\_\_\_\_

**\*For initial employment of an out-of-state applicant, the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.**