

Hoke County - Field Experience

1. Complete and submit the following documents:
 - a. Background Authorization and Release Form
 - b. Hoke County Placement Request Form
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

Employment Background Authorization & Release

I hereby authorize Hoke County Schools to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. 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 to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at any time during my employment/volunteer or contract.

Please Print All Information Clearly

Personal Information (List all names used)

Name _____
(First) (Middle) (Last)

Name (Maiden/Alias) _____
(First) (Middle) (Last)

Date of Birth _____ SSN _____

Race _____ Sex/Gender _____

Email _____ Phone _____

Current Street Address _____ Apt. _____

City _____ State _____ Zip _____

Drivers License Number _____ State Issued _____ Expires _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against **Hoke County Schools** or its acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____ Date _____

*School/Site _____ Position _____

*Please check one of the following: New Hire _____ Substitute _____ Applicant _____

**If volunteering, check here: Volunteer _____ and provide the information below:

Student Name: _____ Teacher name: _____

Personal & Confidential Information

Office Use Only:

Entered _____

Reviewed (if Applicable) _____

Cleared _____

Emailed _____

Hoke County Student Teacher/Practicum/Field Experience Request Form

Date of Request: _____ **Please check one of the following:** Field Experience () Student Teaching ()

Name of Student Teacher/Intern: _____

University/College: _____

Student Teacher's Email/Contact Information: _____

Requested School: _____

Requested Grade/Subject: _____

Start Date: _____ **End Date:** _____

Requested # of Hours: _____

Is Student Teacher/Intern a current or previous employee of Hoke County Schools? () Yes () No _____ Current _____ Previous

Has Student Teacher/Intern started OR completed a student teaching placement before? () Yes () No

-If yes, where? _____

Background Check Form Submitted? () Yes () No

-----**Bottom Portion Completed by District Internship Coordinator**-----

Background Check Cleared: _____ Placement approved: () Yes () No

Assigned Cooperating School: _____

Assigned Cooperating Teacher: _____ Email Address: _____

Assigned School Principal: _____ Email Address: _____

Approved By: _____ Date: _____

If not approved, reason: _____