



Summer Academic Camp Independent Contractor Application

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Telephone Number (Home) _____ (Cellular) _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on lay-off and subject to recall? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No

Proof of citizenship or immigration status is required upon employment.

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Availability For Work: Please indicate which Camp session or sessions you are available to work.

<input type="checkbox"/>	Session 1: June 13 through June 24, 2011
<input type="checkbox"/>	Session 2: June 27 through July 8, 2011
<input type="checkbox"/>	I am available to work both sessions

Hawaii Learning Resource is an Equal Opportunity Employer



HAWAII LEARNING RESOURCE

The dba of North Hawaii Women and Children's Services 501(c)(3)

EDUCATIONAL AND PROFESSIONAL TRAINING: Please list, in order of attendance, all educational institutions attended including high school. The information should be complete and official college and/or university transcripts should be submitted.

Name of Institution College or University	Location	From	To	Sem. Hrs.	Degree Type	Degree Date	Major Subject	Minor Subject

PROFESSIONAL CERTIFICATION/LICENSING: Please list all teaching credentials (e.g. highly qualified certificates, national board certification) and submit a copy of your most recent credentials.

Type of Teaching Certificate/License	State	Date Expected or Granted	Expiration Date

GENERAL INFORMATION

Grade levels you prefer to teach (number according to preference):

() Primary (K-3) () Upper Elem. (4-6) () Intermediate (7-8)

Elementary or secondary subjects you are qualified to teach:

(1)

(2)

(3)



Please indicate your experience in the following areas:

SPECIAL EDUCATION: Specific Learning Disability Emotional Handicap
 Multiple Disabilities Autism Special Motivation/Alternative Learning Center (At-Risk)

OTHER AREAS:

Please describe your experiences and/or course work for special education or supporting underachieving students:

1. Have you ever had your teaching certificate suspended, revoked, not renewed, or sanctioned from another state?

Yes No

2. Have you ever been suspended, dismissed or asked to resign from any teaching position?

Yes No

3. Have you ever been convicted of any violation of the law (felony and/or misdemeanor) other than minor traffic violations?

Yes No

If answering "Yes" to any of the above, please attach a separate sheet with explanation. For #1 and #2, please also include photocopies of correspondence informing us of the reason. For #3, please include photocopies of court documents describing the conviction, the court terms and conditions, and verification of completion of terms.

Applicants must also submit a letter of reference from their current principal.

PROFESSIONAL TEACHING EXPERIENCE: Please list only teaching and educational administrative experience. Start with your present or most recent position. Verification of employment and reference reports/letters may also be submitted.		
District	School	Dates (Month, Day, Year) From: To:
District Address	Principal	Beginning Salary/Ending Salary
Grade and/or Subject	Position Title	Number of Years of Service
Reason for Leaving	Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Substitute <input type="checkbox"/>	



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for consideration as an Independent Contractor.

I understand this application is for consideration as an Independent Contractor and authorize Hawaii Learning Resource to investigate all statements contained in this application. As an Independent Contractor I am not an employee or partner of Hawaii Learning Resource. As such, Hawaii Learning Resource shall not deduct withholding taxes, FICA, or any other taxes required by an employer as I acknowledge as an Independent Contractor it is my responsibility to pay these taxes. I also acknowledge that I am not entitled to any fringe benefits, pension, retirement, profit sharing, or any other benefits accruing to employees.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any contractor relationship with this organization is of an "at will" nature, which means that the contractor may resign at any time and Hawaii Learning Resource may discharge the contractor at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of a signed contract, I understand that false or misleading information given in my application or interview(s) may result in the immediate cancellation of my contract.

Signature of Contractor Applicant

Date