

Sherman Public School District

2 Route 37 East, Sherman, CT 06784-1422
Telephone: 860-355-3793 Fax: 860-355-9023

CERTIFIED EMPLOYEE APPLICATION

Name: _____ Social Security Number: _____
First Middle Last

Present Address: _____ Telephone No. _____

Permanent Address: _____ Telephone No. _____

Other phone number(s) where you can be reached: _____

Position for which you are applying: _____

List grades qualified to teach: _____

Connecticut Certification: _____

	Type	Endorsement(s)	Expiration Date
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Additional certifications which you hold: _____

Are you a United States Citizen? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please give details: _____

Have you been fingerprinted? Yes No

If yes, when and where: _____

(Proof that you have been fingerprinted is required)

Effective July 1, 1994, Connecticut State Statutes requires all new employees be processed with a criminal background check. This process will include fingerprinting and criminal background check by local, state and FBI agencies.

SIGNATURE

DATE

The Sherman Board of Education prohibits harassment and discrimination on the basis of race, color, religious creed, age, marital status, military or veteran status, national origin, sex, ancestry, sexual orientation, or past or present physical or mental disability in accordance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 and the Federal Vocational Rehabilitation Act of 1973, the Disability Act of 1989, The Civil Rights Act of 1987 and applicable state laws.

EDUCATIONAL EMPLOYMENT EXPERIENCE - exclusive of student teaching

(List in chronological order; most recent first)

From		To		School	Town/City State	Grade and/or Subjects	No. of Yrs. Taught	Yearly Salary
Mo.	Yr.	Mo.	Yr.					

OTHER PROFESSIONAL EXPERIENCES (Travel, private study, publications, lecturing, etc.)

From		To		Nature of Experience	No. of Months
Mo.	Yr.	Mo.	Yr.		

OTHER WORK EXPERIENCES (Business, trades, summer occupations, social services, etc.)

From		To		Firm, Institution, etc.	Nature of Work	No. of Months
Mo.	Yr.	Mo.	Yr.			

MILITARY SERVICE (Active Duty)

From		To		Firm, Institution, etc.	Nature of Work	No. of Months
Mo.	Yr.	Mo.	Yr.			

Present Position: _____
 (Grade and Subject) School Location

Reason for Leaving: _____

Present Salary: _____ When can you accept a position? _____

May we contact your present employer? _____

EDUCATIONAL PREPARATION THROUGH BACHELOR'S DEGREE					
School	Name	Location	Specialization/Nature of Course Completed	Degree or Diploma	Date Graduated
High School					
College					

EDUCATIONAL TRAINING AFTER BACHELOR'S DEGREE					
Date	Institution	Dates Attended	Specialization/Nature of Course Completed	Semester Hours	Degree or Diploma

Scholastic honors: _____

School activities, extra-curricular participation, civic involvement: _____

STUDENT TEACHING EXPERIENCE

From		To		School	Town/City/State	Grade and/or Subjects
Mo.	Yr.	Mo.	Yr.			

REFERENCES

Give the names of those who have closely observed your work as a TEACHER, EMPLOYER, or STUDENT

STATEMENT:

Please use the area below to type or write your reasons for choosing education as a career, your philosophy, your contribution to education and your potential as an educator.

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