

CERTIFICATION:

Type of Certificate held _____ State _____ Date Issued _____

Subjects you are certified to teach _____

Other areas of certification _____

Practice Teaching – Grade Level (s) _____ Subject(s) _____

School _____ Supervisor _____

EDUCATION:

Undergraduate

College/University (Location & Address)	Dates Attended	Degree	Major	Hrs	Minor	Hrs

Graduate

College/University (Location & Address)	Dates Attended	Degree	Major	Hrs	Minor	Hrs

Total Semester Hours in Education _____ Total College Semester Hours _____

What special strengths, talents, and/or unique qualities you possess which might be useful in your employment? _____

PERSONAL INTERVIEW

If you are invited for a personal interview, do you prefer a particular day of the week and time of day? _____

If so, please specify. _____

Please provide telephone numbers where you can be reached.

1. _____ (_____) _____ - _____

2. _____ (_____) _____ - _____

3. _____ (_____) _____ - _____

PROFESSIONAL EXPERIENCE: (Please list the most recent experience first.)

School System	City	State	Subject/Grade Levels	Dates of Employment
				Total Years of Experience

OTHER WORK EXPERIENCE: (Please list the most recent experience first.)

Employer	Address	Position	Dates of Employment

RECOMMENDATIONS: (Principals, Superintendents, Supervising Teachers. Please include your most recent supervisor.)

Name	Address	Telephone Number	Position

Applicant Job Application of Acknowledgments

- 1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.**
- 2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.**
- 3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from you doing so.**
- 4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.**

Signature of Applicant

Date