

BROOKLYN BOARD OF EDUCATION
 119 Gorman Road
 Brooklyn, Connecticut 06234
 (203) 774-9153 -- FAX (203) 774-6938

OFFICE USE
 Certification Received _____
 References Received _____
 Transcripts Received _____

CERTIFIED EMPLOYEE APPLICATION

Applicants will be considered without regard to race, color, religion, sex, age, marital status, physical disability, or other applicable unlawful discriminatory standard.

Please complete the entire application form. (You may include a personal resume, but not in lieu of completing the application.)

Name (Print or Type) _____
 First Middle Last Social Security Number

Present Address _____
 Street City State Zip Code Telephone Number

Permanent Address _____
 Street City State Zip Code Telephone Number

**POSITION FOR WHICH YOU ARE APPLYING
 ELEMENTARY TEACHER (order of preference)**

CT Certification in this area?
 Yes (attach copy) No

1) _____		
2) _____		
3) _____		

**SECONDARY TEACHER - MIDDLE SCHOOL
 (List subjects you are qualified to teach in order of preference)**

CT Certification in this area?
 Yes (attach copy) No

<u>Subject</u>		
1) _____		
2) _____		
3) _____		
4) _____		

**SPECIAL EDUCATION TEACHER/ RELATED SERVICES SPECIALIST
 (list areas in order of preference)**

CT Certification in this area?
 Yes (attach copy) No

1) _____		
2) _____		
3) _____		

ADMINISTRATIVE OR GUIDANCE

CT Certification in this area?
 Yes (attach copy) No

VI. OTHER PROFESSIONAL EXPERIENCES (study, workshops, conferences, etc.)

FROM Month Year	TO Month Year	Nature of Experience

VII. OTHER WORK EXPERIENCES (business, trades, summer occupations, social services, athletics, coaching, etc.)

From Month Year	To Month Year	Firm, Institution, etc.	Nature of Experience

VII. MILITARY SERVICE (active duty)

From Month Year	To Month Year	Branch of Service	Rank	No. of Months

IX. ADDITIONAL INFORMATION

- A. Have you ever been convicted of any crime, excluding minor traffic violations or are there criminal charges pending against you? Yes No
- B. Have you ever been dismissed for cause from a position in a public or private child-care facility? Yes No
- C. Have you ever been dismissed, or asked to resign, from any teaching position? Yes No
- D. Have you ever had a teaching credential revoked, suspended, or annulled in any state, territory or foreign country? Yes No

If you answered yes to any of the above questions, please explain by attaching a written statement to this form.

Each person hired after July 1, 1994 must submit to a state and national criminal records check. As part of this records check, each such person shall submit to fingerprinting by the police at a cost of \$24.00.

X. ACTIVITIES AND INTERESTS

Briefly describe your participation in those major activities and interests which would help us assess your candidacy.

A. Notable Awards, Honors, Achievements (scholastic or otherwise)

B. Publications

C. Professional Organizations

REFERENCES

Give names of those who have closely observed your work as a teacher, employee, or as a student.

First	Full Name		Official Position	Present Address			Telephone Number
	Initial	Last		Street	City or Town	State	

Date _____ Signature of Applicant _____

Return application to: **Brooklyn Board of Education
Office of Superintendent of Schools
119 Gorman Road
Brooklyn, Connecticut 06234**

DO NOT WRITE BELOW THIS LINE

REVIEW OF APPLICATION FOLLOW-UP

Date	Name	Comment