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 Secular	
Permanent Address Street City State Zip Code Telephone POSITION FOR WHICH YOU ARE APPLYING ELEMENTARY TEACHER (order of preference) SECONDARY TEACHER - MIDDLE SCHOOL (List subjects you are qualified to teach in order of preference) Subject S	 rity Numbe
Street City State Zip Code Telephone	
Street City State Zip Code Telephone POSITION FOR WHICH YOU ARE APPLYING ELEMENTARY TEACHER (order of preference) 1) 2) 3) SECONDARY TEACHER - MIDDLE SCHOOL (List subjects you are qualified to teach in order of preference) Subject 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 CT Certification in this area? Yes (attach copy) No	lumber
ELEMENTARY TEACHER (order of preference) Yes (attach copy) No 1) 2) 3) SECONDARY TEACHER - MIDDLE SCHOOL (List subjects you are qualified to teach in order of preference) Subject Yes (attach copy) No 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 No 1)	Number
2) 3) SECONDARY TEACHER - MIDDLE SCHOOL (List subjects you are qualified to teach in order of preference) Subject 1) 2) 3) 4) SPECIAL EDUCATION TEACHER/ RELATED SERVICES SPECIALIST (list areas in order of preference) (In this area? Yes (attach copy) No Control of preference) CT Certification in this area? Yes (attach copy) No	
SECONDARY TEACHER - MIDDLE SCHOOL (List subjects you are qualified to teach in order of preference) Subject Yes (attach copy) No 1) SPECIAL EDUCATION TEACHER/ RELATED SERVICES SPECIALIST (list areas in order of preference) CT Certification in this area? Yes (attach copy) No CT Certification in this area? Yes (attach copy) No	
SECONDARY TEACHER - MIDDLE SCHOOL (List subjects you are qualified to teach in order of preference) Subject 1) 2) 3) 4) SPECIAL EDUCATION TEACHER/ RELATED SERVICES (list areas in order of preference) SPECIAL EDUCATION TEACHER/ RELATED SERVICES (attach copy) No CT Certification in this area? Yes (attach copy) No	
(List subjects you are qualified to teach in order of preference) Subject Yes (attach copy) No 2) 3) 4) SPECIAL EDUCATION TEACHER/ RELATED SERVICES SPECIALIST (list areas in order of preference) CT Certification in this area? Yes (attach copy) No CT Certification in this area? Yes (attach copy) No	·
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SPECIAL EDUCATION TEACHER/ RELATED SERVICES SPECIALIST (list areas in order of preference) CT Certification in this area? Yes (attach copy) No	
2)	
3)	
ADMINISTRATIVE OR GUIDANCE CT Certification in this area? Yes (attach copy) No	·

I. HEALTH

It is understood that all applicants are in a	a state of health such that they are able to	fulfill all duties and
responsibilities for the position they see	k.	

	NT POSI		Grade a	and Subje	ct School		Tow	n of C	ity	State
Present Sa	lary				Work Phone	e			 -	
Date you c	an begin	work		 _		 		<u>-</u>	··· <u> </u>	
Connecticu	t Certific	ation .	Type		Endorsement #(s)	/Field(s)	· ·	D	ate of Ce	rtification
II. EDUCAT	IONAL	PREM	• •							
College/Un	iversity	Loc	ation		ization or Nature se Completed	Date A From	ttended To		ree or ploma	Date Graduated
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V. STUDEN	IT TEAC	HING	(if applica	able)						
From Month Year	To Month			School	Town	Location or City	State			rade and/or Subjects
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			<u> </u>	· · · · · · · · · · · · · · · · · · ·		•	<u></u>			
. EDUCAT	ONAL E	XPEA	IENCE	(list in ch	ronological order;	most rece	nt first)			
From Month Year	To Month	/oar	School		Location Town or City Stat		ure of Pos e also Gra		No. Months	Annual Salary

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

FROM Month Year	TO Month Year	Nature of Experience			
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VII. OTHER WORK EXPERIENCES (business, trades, summer occupations, social services, athletics, coaching, etc.)

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

VII. MILITARY SERVICE (active duty)

From <u>Month Year</u>	To Month Year	Branch of Service	Rank	No. of Months
: :				
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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 Briefly describe you candidacy.		RESTS on in those major activities	and in	terests which	would help us	assess yo	our
A. Notable Áwards	, Honors, Ad	chievements (scholastic or	otherv	vise)			
					······································		
B. Publications				· · · · · · · · · · · · · · · · · · ·			
		:					
C. Professional Org	ganizations					-	
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	e who have (closely observed your worl	k as a t			tudent.	
Full Name First Initial	Last	Official Position	n Present Street		iress City or Town	State	Telephone Number
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•							
Date		Signature of Applicant	<u>.</u>	·	<u>.</u>		
Return applicatio	on to:	Brooklyn Board of E Office of Superintend 119 Gorman Road Brooklyn, Connectic	dent		•		
·		DO NOT WRITE B	ELOV	THIS LINE			
		REVIÉW OF APPLICA	ATION	FOLLOW-UF			
Date	Name	NAME OF THE OWNER		Comment			
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	<u>† </u>				· · · · · · · · · · · · · · · · · · ·		