

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

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**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)**

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**B. Publications**

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**C. Professional Organizations**

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**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 08234

**DO NOT WRITE BELOW THIS LINE**

**REVIEW OF APPLICATION FOLLOW-UP**

Date	Name	Comment