
WORK EXPERIENCE OTHER THAN TEACHING (recent):

| Firm or Institution | / | Location | / | Dates |
|---------------------|---|----------|---|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PROFESSIONAL TRAINING:

| | Name & Location | Major | Major GPA | Cum. GPA | Degree |
|---------------------|-----------------|-------|-----------|----------|--------|
| High School: | | | | | |
| University/College: | | | | | |
| | | | | | |
| Graduate Work: | | | | | |
| | | | | | |

Student Teaching School District: _____

Grades/Subjects: _____ Supervising Teacher: _____

REFERENCES: List below persons who have first-hand knowledge of your character, personality, teaching ability and scholarship.

| Name | / | Address | / | Phone | / | Position |
|------|---|---------|---|-------|---|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

Address of Placement Office where current credentials may be obtained:

Have you ever been non-renewed or terminated from a previous employer? _____ (if so, you may wish to attach a written summary)

You may attach a separate sheet giving any additional information which would help evaluate you for this position.

This application will be placed on file and remain there for 1 year for consideration when vacancies occur. It should be complete and accurate in every detail. Mail your application to the address listed at the top of page one.

If you are employed, it will be necessary for you to furnish the school an original transcript and your original certificate/license.

CERTIFICATION OF APPLICANT: I hereby authorize the Shawnee Local School District to obtain from my former employers all data needed to support this application. I hereby authorize the Shawnee Local School District to obtain from the references listed above any information needed to support this application.

I certify that the information given in this application is true to the best of my knowledge and that I am, or will be, certified/licensed to teach all subjects and grades listed.

Signature of Applicant: _____ Date: _____

An Equal Opportunity Employer