

APPLICATION FOR EMPLOYMENT

Pomfret Board of Education
 20 Pomfret Street
 Pomfret Center, CT 06259

POSITION APPLYING FOR:

	REG	SUB
Cafeteria	___	___
Clerk	___	___
Custodian	___	___
School Nurse	___	___
Secretary	___	___
Teacher	** ___	___
Teaching Asst.	___	___

**** Must complete official Teacher Application Form to apply for this position.**

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

Name: (Print or Type): _____

Present Address: _____

Social Security #: _____ Telephone #: _____

How long at present address: _____ yrs. Are you a U.S. Citizen? Yes ___ No ___

Available to work: Full-time: _____ Part-time: _____ Temporary _____ When can you begin: _____

Elementary High School College/Univ. Other

Name of school:

Location:

Years completed:

Because of the change in state regulations, a Bachelor's Degree is required to substitute as a teacher. Please list the name(s) of your degree(s).

Diploma/Degree:

Do you hold a Connecticut Teaching Certificate? Yes ___ No ___

Describe any awards, special training, skills and extracurricular activities. (You may use a separate sheet)

State any additional information you feel may be helpful to us in considering your application, including community/volunteer activities. (You may use a separate sheet)

Would you be available on either or both of the following:

Short Term (1-3 days) _____ Long Term (Weeks/months) _____ Both _____

Can you substitute when called on the morning of the day needed? Yes _____ No _____

At what levels would you be willing to substitute? Primary (PK-5) _____ Middle School (6-8) _____

Special Subject Areas (Please specify): Art __ Music __ PE __ Computer __ Library __ Spanish __ Spec. Ed __

REFERENCES

Provide names of those who have closely observed your work, especially in regard to the position for which you are applying:

Name/Address/Title/Phone#

ADDITIONAL INFORMATION:

How did you hear about the position? _____

Have you ever been convicted of a crime? Yes ___ No ___

Are any criminal charges pending against you as of the date of this application? Yes ___ No ___

Have you ever been the subject of an allegation of abuse or neglect or sexual misconduct for which there is an investigation currently pending with any current or prior employer, state agency or municipal police department or which has been substantiated? Yes ___ No ___

Have you ever been disciplined or asked to resign from employment or resigned from or otherwise separated from any employment while an allegation of abuse or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct? Yes ___ No ___

Have you ever had a professional or occupational license, certificate, authorization or permit suspended or revoked or ever surrendered such a license, certificate, authorization or permit while an allegation of abuse, or neglect or sexual misconduct was pending or under investigation, or due to a substantiation of abuse or neglect or sexual misconduct? Yes ___ No ___

EMPLOYMENT EXPERIENCE

Employees are required to list all current or former employer(s) of the applicant if such employer was a local or regional board of education, a governing council of a state or local charter school, an interdistrict magnet school operator or if the employment caused the applicant to have contact with children. Use an additional page if needed.

Start with you most recent or present job.

Employer:

Address:

Dates Employed: From: _____ To _____

Nature of Work Performed _____

Permission to Contact : Yes ___ No ___

Employer:

Address:

Dates Employed: From: _____ To _____

Nature of Work Performed _____

Permission to Contact : Yes ___ No ___

Employer:

Address:

Dates Employed: From: _____ To _____

Nature of Work Performed _____

Permission to Contact : Yes ___ No ___

Employer:

Address:

Dates Employed: From: _____ To _____

Nature of Work Performed _____

Permission to Contact : Yes ___ No ___

SPECIAL SKILLS/QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from job(s)

Indicate any foreign language you can speak, read, or write:

Military Service:

Did you serve in the U.S. Armed Forces: Yes ____ No ____

Describe any training received relevant to the position for which you are applying:

I certify that the answers herein are true and complete to the best of my knowledge.

Signature of applicant _____ Date _____

The Pomfret Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Mary Jo Chretien, Director of Pupil Services
Address: Pomfret Community School, 20 Pomfret Street, Pomfret CT, 06259
Telephone: 860-928-2718 x308
Email: chretien.m@pomfretcommunityschool.org