



APPLICATION FOR PROFESSIONAL EMPLOYMENT

(Last)	(First)	(Middle or Former)
Present Address _____	Tel. No. _____	
(Street)	(City, State, Zip)	(Area)
Permanent Address _____	Tel. No. _____	
(Street)	(City, State, Zip)	(Area)
Social Security Number _____	Email _____	

POSITION(S) DESIRED
List grades and/or subjects preferred:

Check One: **Full Time** **Part Time** **Substitute**

I would be capable of offering instruction in the following academic areas: (check several)

Math K-Grade 4 Math Grade 5-8 Geometry Algebra Earth Science Biology World History
 U.S. History Social Studies Literature Oral Language Spelling Study Skills Writing
 Language Arts Tutorial (3rd Grade and up) Beginning Reading Tutorial Other _____

I would be interested in coaching the following sports on a varsity or junior varsity level
(PLEASE NOTE: Coaching positions are assigned via seniority)

Soccer Softball Lacrosse Hockey Cross Country Baseball Basketball Tennis
 Volleyball Cheerleading Wrestling Other _____

Other Professional Position _____
(Title of Position Sought)

CERTIFICATION

If you are certified in Connecticut please indicate area of certification:

Subject or Level	Certificate Number	Date of Provisional Certificate	Date of Permanent Certificate
Subject or Level	Certificate Number	Date of Provisional Certificate	Date of Permanent Certificate

Are you certified in any other state?

State	Permanent or Provisional and Effective Date	Area(s) or Level	<input type="checkbox"/> Not Certified in CT or other State
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DO NOT WRITE BELOW

REVIEW OF APPLICATION		
Date	Interviewed By	Comments

APPOINTMENT INFORMATION

Date Letter Sent	Verify Salary Level	Board Action Date	Prior EHS Experience

Present Position _____
 Present Salary _____ Salary you anticipate? _____ When can you accept a position? _____

a. Are you a veteran? Yes _____ No _____ Specify Branch of Service: _____

b. Have you ever been released from any employment position? Yes No

If you circled "yes," please give details or reasons:

EDUCATIONAL PREPARATION PRIOR TO TEACHING			
School	Name and Location	Name of Course Completed	Degree or Diploma
College - BA.			
College - MA.			
College - Doctorate			
Scholastic Honors			

ADDITIONAL GRADUATE STUDY					
Institution	Dates Attended	Name of Courses Completed	Graduate Credit Hours	Degree or Diploma	Date
Total number of credits earned?					

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE (exclusive of student and daily substitute teaching)

List in chronological order beginning with most recent position.

From		To		School Name, Complete Address and Phone No.	Grades, Subjects	Full Time or % Taught	No. Years Taught
Mo.	Yr.	Mo.	Yr.				

STUDENT TEACHING AND/OR SUBSTITUTE TEACHING

From		To		School and Location	Grades, Subjects
Mo.	Yr.	Mo.	Yr.		

OTHER PROFESSIONAL AND WORK EXPERIENCES

From		To		Nature of Experience
Mo.	Yr.	Mo.	Yr.	

REFERENCES

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

Name	School District Position	School District or Home Address	Telephone No.

Enclose a brief summary of your experience and training related to education and include what special talents or skills you would bring to our Eagle Hill Community. (Please attach additional sheets if needed)

APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of my employment. I authorize an investigation of all statements contained herein and the references above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from liability for any damage that may result from furnishing same to you.

Date

Signature of Applicant

Eagle Hill School does not discriminate on the basis of sex, race, creed, national origin, age or disability, in its employment, admissions practices, vocational opportunities or access to and treatment in programs or activities, in accordance with Title IX, Section 504 of the Rehabilitation Act of 1973, and Title VII and the Americans With Disabilities Act.