

Student Teaching

Dates From To	Grade Level/ Subject	Name and Address of school City, State, ZIP	Name of Supervising Teacher	Hours Earned

Principal / Supervisor Name	Title	Phone	E-mail
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Experience other than Teaching (In Chronological Order)

Note: This section is optional and may be completed if you feel experiences other than teaching may be evaluated with the view of enhancing your teaching capabilities.

Employer and Location	Employer Phone	Supervisor Name	Position Held	Dates From: To:

Certification / Licensure

Type of Certificate/License	Subject	State	Issue Date / Expiration Date

REQUIREMENTS BY LAW: Criminal Background Check and completed I-9 form

Notice: When this application is submitted to the Hopewell-Loudon Local School District, it becomes public record and may be reviewed by the public including the news media.

*I certify the information provided on this application is true and correct in every aspect.
Evidence to the contrary will result in automatic termination from any position in this district.*

Signed: _____ Date: _____

*Hopewell Loudon Local School District will provide equal opportunities for employment, retention, and advancement of all people
regardless of race, color, creed, national origin, political affiliation, age, sex, or handicap.*