

Vernon Regional Adult Basic Education
30 Park Street, P.O. Box 600
Vernon, Connecticut 06066-0600
(860)870-6000 X139
Toll free (866) 564-2368
www.vrabe.org

PROFESSIONAL APPLICATION OF

F

M _____

_____ Maiden Name if Married Woman

_____ Present Address _____ Zip Code

_____ Phone

_____ Permanent Address _____ Zip Code

_____ Phone

FOR POSITION AS

Teacher: Credit Diploma Basic Math/Reading GED Facilitator Citizenship ESL

List subjects you are qualified to teach in order of preference:

1. _____
2. _____
3. _____

EDUCATION

NAME OF SCHOOL AND LOCATION <small>Include High School, College, Graduate Work, and Summer Sessions in Order Taken</small>	DATES ATTENDED	SEMESTER HOURS CREDITS	DEGREE OR DIPLOMA	MAJOR SUBJECT and Semester Hours Credits	MINOR SUBJECT and Semester Hours Credits

Undergraduate Scholarship Rating: A _____ B _____ C _____ or grade point average _____

TEACHING EXPERIENCE

NAME OF SCHOOL AND LOCATION (Town, State)	DATES		NUMBER OF YEARS	GRADES OR SUBJECTS TAUGHT	TYPE OF EXPERIENCE*
	From	To			
Total Number of Years				*Please indicate whether student teaching, regular contract, or substitute teaching	

PROFESSIONAL EXPERIENCE OTHER THAN TEACHING

NATURE OF EXPERIENCE	WHERE	WHEN

Present Employer _____

PERSONAL DATA

Social Security Number _____

Are you a U.S.A citizen or authorized to work in the U.S.A? Yes No

Have you ever been convicted of any crime? Yes No

Are there any criminal charges or proceedings pending against you? Yes No

If you answer “yes” to either or both of the above questions, please explain fully below or on a separate piece of paper. Answering “yes” is not an absolute prohibition of employment.

FORM I-9 In order to be in compliance with the Immigration Reform Act, the Vernon Board of Education must obtain verification of identity and employment eligibility from each individual when hired. Acceptable forms of identification are a U.S. passport **OR** current driver’s license and either social security card or birth certificate.

HOBBIES AND SPECIAL INTERESTS

List any hobbies or special recreational interests you have.

ACTIVITIES

List college activities and any honors you received before or since graduation.

CERTIFICATE

Do you have a Connecticut certificate? _____ If "yes," specify type _____

Certificate Number _____ Expiration Date _____ Deficiency Yes No

What specific subjects or grades are you certified to teach? _____

If you do not have a Connecticut teaching certificate, can you be certified in Connecticut? _____

Can you provide evidence of passing the appropriate tests required for Connecticut certification? _____

If you hold a Connecticut Professional Educator certificate, can you provide evidence regarding CEU's earned in the current cycle of recertification? _____

(If in doubt, check with the Bureau of Teacher Certification, Connecticut State Department of Education, State Office Building, Box 2219, Hartford, Connecticut 06115.) Please remit copy of your certification with your application or present your certificate which will be photocopied for our files.

SMOKING: The Vernon Board of Education has a policy which bans smoking in school facilities and on school grounds. This policy applies to the public, to the Board of Education employees, and to the students.

ADDITIONAL INFORMATION

Add here any additional information which you believe will assist in arriving at a true estimate of your qualifications. You may include your ideas and beliefs concerning education, etc. Use a separate page if necessary.

It is the policy of the Vernon Board of Education/Vernon Regional Adult Basic Education not to discriminate on the basis of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, mental disability or physical disability in any of its educational programs, activities, or employment policies.

Please include the following items with your application:

- **Up-to-date resume**
- **Copies of transcripts indicating degree(s) - unofficial for application purposes**
- **Copy of teaching certificate**
- **Two or three letters of reference**

ALL NEW PERSONNEL MUST BE FINGERPRINTED.

Vernon Public Schools
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

INSTRUCTIONS: Each applicant for employment with Vernon Public Schools is requested to provide the following information to be used exclusively for statistical research purposes. Submission of this information is voluntary.

1. Ethnic/Racial Status

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> White, of Hispanic origin |
| <input type="checkbox"/> Black/Afro-American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Other |

2. Handicapped Status

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. Marital Status

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Single, never married | <input type="checkbox"/> Married |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated | |

4. Sex

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

5. Age

- | | |
|--|--|
| <input type="checkbox"/> age 16 or younger | <input type="checkbox"/> age 50 to 59 |
| <input type="checkbox"/> age 17 to 29 | <input type="checkbox"/> age 60 to 65 |
| <input type="checkbox"/> age 30 to 39 | <input type="checkbox"/> age 66 or older |
| <input type="checkbox"/> age 40 to 49 | |

6. Type of Work Desired

- Administrator/Supervisor (superintendent, assistant superintendent, principal, vice principal, director, supervisor, coordinator)
- Certified Professional (elementary classroom teacher, secondary classroom teacher, guidance counselor, psychologist, other)
- Paraprofessional (instructional aide, teacher aide, library aide, security guard)
- Service/Maintenance (custodian, food service worker, laborer, maintenance)
- Clerical/Secretarial (secretary, bookkeeper, clerical aide)

7. How did you hear of this vacancy?

- | | |
|--|--|
| <input type="checkbox"/> Hartford Courant | <input type="checkbox"/> Journal Inquirer |
| <input type="checkbox"/> national professional journal | <input type="checkbox"/> town bulletin board |
| <input type="checkbox"/> current employee | <input type="checkbox"/> employment agency/service |
| <input type="checkbox"/> other (specify) _____ | |

Optional

I, _____ (signature), certify that the above responses are true and correct, dated this _____ day of _____, 200_.

Name/Address (please print) _____