

GREENEVIEW LOCAL SCHOOL DISTRICT APPLICATION TO TEACH



PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address	City	Zip
Home phone	Cell phone	

Military Service _____

Social Security No. _____

Sick Leave Days _____

Date of TB Test _____

TEACHING EXPERIENCE

Elementary <input type="checkbox"/> Early Childhood <input type="checkbox"/> Kindergarten <input type="checkbox"/> Primary <input type="checkbox"/> Intermediate <input type="checkbox"/> Junior High <input type="checkbox"/> Special Education <input type="checkbox"/> Special	Secondary <input type="checkbox"/> Senior High <input type="checkbox"/> Special Education <input type="checkbox"/> Special <input type="checkbox"/> Substitute
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CERTIFICATION INFORMATION

<input type="checkbox"/> Provisional <input type="checkbox"/> Professional <input type="checkbox"/> Permanent <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Special <input type="checkbox"/> Administrative	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">TEACHING FIELDS</th> </tr> <tr> <th style="width: 70%;">AREA</th> <th style="width: 30%;">HOURS</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	TEACHING FIELDS		AREA	HOURS	_____	_____	_____	_____	_____	_____
TEACHING FIELDS											
AREA	HOURS										
_____	_____										
_____	_____										
_____	_____										

REFERENCES – These people should know of your professional ability.

Names	Address	Phone

EDUCATIONAL HISTORY

High School			
Name	City	State	
Undergraduate			
College or University	Date Attended	Graduated	Degree
College or University	Date Attended	Graduated	Degree
College or University	Date Attended	Graduated	Degree
Graduate			
College or University	Date Attended	Graduated	Hours
Work Beyond masters Degree			

TEACHING HISTORY

Year	No. of Months	Name of school and address	Position