

STUDENT TEACHING EXPERIENCE (*Complete Only For Teaching Positions*)

From: Mo. / Yr.		To: Mo. / Yr.		School	Town/City/State	Grade and/or Subjects

EDUCATIONAL EMPLOYMENT EXPERIENCE, IF APPLICABLE

(Exclusive of Student Teaching Experience) (*Complete Only For Teaching Positions*)

(List in chronological order, most recent first)

From: Mo. / Yr.		To: Mo. / Yr.		School	Town/City/State	Grade/ Subject	No. of Yrs. Taught	Yearly Salary

OTHER PROFESSIONAL/WORK EXPERIENCES

From: Mo. / Yr.		To: Mo. / Yr.		Nature of Experience	No. of Months

MILITARY SERVICE (Active Duty)

From: Mo. / Yr.		To: Mo. / Yr.		Firm, Institution, etc.	Nature of Work	No. of Months

EDUCATIONAL PREPARATION

School	Name	Location	Specialization/ Nature of Courses	Degree/Diploma	Date Graduated
<i>High School</i>					
<i>College</i>					

Scholastic honors: _____

School activities, extra-curricular participation, civic involvement: _____

REFERENCES

(Give the names of those who have closely observed your work as a TEACHER, EMPLOYEE, or STUDENT)

NAME OF EMPLOYER (please print)	CONTACT PERSON (please print)	CONTACT'S PHONE NO.

PERSONAL REFERENCES

NAME OF PERSONAL REFERENCE (please print)	PHONE NO.

For Office Use Only

ALL OF THE FOLLOWING MUST BE COMPLETED PRIOR TO HIRING:

	Completed	Where	Date
Fingerprinting	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DCF Background Check	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous Employer Check	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BACKGROUND AND EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

I, _____, hereby authorize any and all state or federal agencies, law enforcement agencies, current and former employers, credit agencies, and academic institutions, to supply any information regarding my background for employment purposes to the Andover Board of Education, 35 School Road, Andover, CT 06232, and to its agents and employees, as a prospective employer.

Any information acquired by the Andover Board of Education under this authorization shall be for their confidential use only, and shall not be communicated in any way to other agencies, employers, academic institutions, or any other business or organization requesting such information for any purpose. Furthermore, the Andover Board of Education shall use the information acquired under this authorization solely to determine my fitness for the position available or to verify credentials, claims, and/or other information supplied by me.

I hereby release, to the extent permitted by law, any state or federal agency, law enforcement agency, current or former employer, credit agency or academic institution, and their agents and employees, from any liability arising from the supplying and use of any information provided pursuant to this Authorization and Release.

Signature _____

Date _____

Applicant, please return to:
Superintendent of Schools
Andover Elementary School
35 School Road
Andover, CT 06232
860-742-7339