



III. STUDENT TEACHING OR INTERNSHIP EXPERIENCE

FROM		TO		SCHOOL	LOCATION (City & State)	GRADE AND/OR SUBJECT
Mo.	Yr.	Mo.	Yr.			

IV. EDUCATIONAL PREPARATION

SCHOOL	NAME	LOCATION	SPECIALIZATION OR NATURE OF COURSE COMPLETED	DEGREE OR DIPLOMA
High School				
College				
Grad. School				

Scholastic or Extracurricular Honors/Citations \_\_\_\_\_

\_\_\_\_\_

Connecticut Certification \_\_\_\_\_  
 (Type) (Field(s)) (Number) (Expiration Date)

Other Certification \_\_\_\_\_  
 (Type) (Field(s)) (Number) (Expiration Date)

V. CONTRACTED EDUCATIONAL EXPERIENCE (exclusive of teaching, practicum or internship) – most recent first

FROM		TO		SCHOOL	LOCATION (City & State)	NATURE OF POSITION (Also State Grades/Subject)	NUMBER OF YEARS	REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.					

VI. OTHER PROFESSIONAL EXPERIENCES (travel, private study, publications, lecturing, etc.)

FROM		TO		NATURE OF EXPERIENCE	NUMBER OF MONTHS
Mo.	Yr.	Mo.	Yr.		

VII. OTHER WORK EXPERIENCE (business, trades, summer occupations, social services, etc.)

FROM		TO		FIRM, INSTITUTION, etc.	NATURE OF WORK	NUMBER OF MONTHS
Mo.	Yr.	Mo.	Yr.			

VIII. MILITARY SERVICE (active duty)

FROM		TO		BRANCH OF SERVICE	RANK	NUMBER OF MONTHS
Mo.	Yr.	Mo.	Yr.			

IX. REFERENCES – Give complete names and addresses of those who have closely observed your work as a teacher, employee or as a student. Do not send letters of endorsement or placement-file references.

FULL NAME (First, Initial, Last)	OFFICIAL POSITION	PRESENT ADDRESS				TELEPHONE NUMBER
		Street	City	State	Zip	

Placement Office \_\_\_\_\_

X. IMPORTANCE NOTICE: The Family Educational Rights and Privacy Act of 1974 opens many records for the candidate's inspection. The law also permits candidates to waive or relinquish his/her rights to inspect such recommendations.

I hereby waive my right to inspect the interview reports and references in respect to my candidacy (signature optional).

Signature \_\_\_\_\_ Date \_\_\_\_\_

XI. Public Act 94-221 requires applicants for a position in a Connecticut public school to respond to questions relating to a criminal history records check (including fingerprinting).

1. Have you ever been convicted of a felony or any other criminal offense either within or outside the State of Connecticut?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are any criminal charges currently pending against you either within or outside the State of Connecticut?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the jurisdiction in which such charges are pending, the nature of the charges, and an explanation on a separate sheet of paper and attach to this application.

3. Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pretrial drug or alcohol education) pursuant to Connecticut General Statutes Section 54-56g?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. I understand that if I am employed by Shared Services, I will be required to submit to a state and national criminal history records check within a period of 30 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I also understand that EdAdvance, 355 Goshen Road, P.O. Box 909, Litchfield, CT 06759-0909, is serving as a clearinghouse for the fingerprinting and criminal history records check process and that it is my responsibility to arrange with EdAdvance in order to be in compliance with the law. I further understand and agree that if I have been convicted of a crime which has not been disclosed to Shared Services, Shared Services may immediately terminate my contract of employment (certified employee position) or dismiss me (noncertified employee position) in accordance with the provisions of Public Act No. 94-221.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic institutions to supply any information regarding my background to Shared Services and to its agents and employees, and I hereby release all such current and former employers, law enforcement agencies, credit agencies and academic institutions, their agents and employees from any liability arising from the supplying and use of such information. A photocopy of this authorization is as valid as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Previous teaching (years) \_\_\_\_\_

Military service (years) \_\_\_\_\_

Total years \_\_\_\_\_

Degree \_\_\_\_\_ Step \_\_\_\_\_

Starting Amount \$ \_\_\_\_\_

Processed By/Contract Issued By \_\_\_\_\_

Date \_\_\_\_\_