

Date: _____

APPLICATION FOR PROFESSIONAL PERSONNEL

Please print neatly

**EAST HAMPTON PUBLIC SCHOOLS
94 Main Street, East Hampton, CT 06424
(860) 365-4000**

Check one:	<input type="checkbox"/> Administrator	<input type="checkbox"/> Full-Time Teacher	<input type="checkbox"/> Substitute	<input type="checkbox"/> Homebound
Name	_____		Social Security Number	_____
Street Address	_____		Home Telephone	_____
City, State, Zip Code	_____		Business Telephone	_____

EDUCATION					
Institution	From	To	Major	Minor	Degree
Number of Credits in the Field of Education:			Number of Weeks of Practice Teaching:		

EXPERIENCE						
School System	Location	Position & Grade	Dates of Employment		Telephone	Reason for Leaving
			From	To		

REFERENCES				
Name	Title	Address	Telephone	Relationship
1.				
2.				
3.				
4.				

EAST HAMPTON PUBLIC SCHOOLS

1. Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Connecticut? _____
If so, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this application.

2. Are any criminal charges currently pending against you either within or outside the State of Connecticut? _____
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, pre-trial drug or alcohol education pursuant to Conn. Gen. Stat. §54-56g)? _____
If so, identify the jurisdiction in which such program is pending and an explanation of the nature of such program on a separate sheet of paper and attach to this application.

4. Has your certification or license ever been suspended or revoked by the Bureau of Certification of the Connecticut Department of Education, or by the Department of Education of any other jurisdiction? _____

5. Are you now the subject of a pending investigation by the Bureau of Certification of the Connecticut Department of Education, or by any other comparable Department of Education of any other jurisdiction? _____

6. Has your certified contract of employment ever been terminated by any Board of Education in the State of Connecticut, or in any other jurisdiction (other than as a result of reduction in force)? _____
If so, identify the approximate date, school district and nature of the reasons for contract termination on a separate sheet of paper and attach to this application.

I understand that if I am employed by the East Hampton Board of Education, I will be required to submit to a state and national criminal history records check for a period of 90 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for the purpose of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the East Hampton Board of Education, the Board may immediately dismiss me in accordance with the provisions of **Public Act No. 93-328**.

I hereby authorize any and all law enforcement agencies, current and former employers, and academic institutions to supply any information regarding my background to the East Hampton Public School System and to its agents and employees, and I hereby release all such former employers, law enforcement agencies, and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

I declare under the penalties of false statement that I have examined this questionnaire and related employment application and, to the best of my knowledge and belief, the information contained therein is true, complete and correct.

Date

Signature

Certification _____

Type _____

Expiration Date _____

State of Endorsement _____

Please attach a copy of your certification to this application.

Please send completed application to:

Superintendent of Schools
94 Main Street
East Hampton, CT 06424
Telephone: (860) 365-4000

It is the policy of the East Hampton Board of Education that no person shall be excluded from participation in, denied the benefits of, or otherwise discriminated against under any program, including employment, because of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, mental retardation and past/present history of mental disorder, learning disability and physical disability.