



**Sprague School District**  
**25 Scotland Road ~ Baltic, Connecticut 06330**



**Sayles School**

Phone: 860.822.8264

Fax: 860.822.1347

**Certified Teacher Application Form**

Prefix:  Miss     Ms.     Mrs.     Mr.    Social Security #: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Physical): \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Have you been fingerprinted?     Yes     No

    If Yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever been convicted of a crime?     Yes     No

    If Yes, give details: \_\_\_\_\_

    \_\_\_\_\_

Do you have any criminal charges pending against you?     Yes     No

    If Yes, give details: \_\_\_\_\_

    \_\_\_\_\_

Are you "highly qualified" as required by the *No Child Left Behind* legislation?     Yes     No

Do you hold a valid Connecticut, or other state, teaching certificate?     Yes     No

    If Yes, what state: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

    If No, are you a United States citizen either by birth or naturalization?     Yes     No

    If No, name of highest institution attended: \_\_\_\_\_

    Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Are you presently under contract?     Yes     No

Earliest date you would be available for employment? \_\_\_\_\_

**Please attach evidence of certificate status and/or graduation date.**



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**Certified Teacher Application Form (continued)**

<b>Work Experience</b>			
<b>Company / School</b>	<b>Address</b>	<b>Town / State</b>	<b>To / From</b>
<b>Position Description</b>			
<b>Company / School</b>	<b>Address</b>	<b>Town / State</b>	<b>To / From</b>
<b>Position Description</b>			
<b>Company / School</b>	<b>Address</b>	<b>Town / State</b>	<b>To / From</b>
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<b>Company / School</b>	<b>Address</b>	<b>Town / State</b>	<b>To / From</b>
<b>Position Description</b>			



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**Certified Teacher Application Form (continued)**

**References**

List THREE references that are willing to certify to your character, ability, experience, and qualifications.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**Applicant Certification**

I certify that, to the best of my knowledge the statements I have made on this application truly represent my academic background and work experience.

I understand that a state police background check may be made prior or during my employment.

I also understand that misrepresentation or falsification of information may be grounds for rejection of my application and/or termination if I am employed.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Unsigned applications will not be processed.**

Return completed application, current resume and cover letter to:

Sprague Board of Education  
 Attention: Superintendent's Office  
 25 Scotland Road  
 Baltic, CT 06330-1110

**\* Before hiring, all applicants must be reviewed and approved by the Superintendent of Schools \***

Approved  Not Approved

\_\_\_\_\_  
 Superintendent's Signature

\_\_\_\_\_  
 Date