



Sprague School District
25 Scotland Road ~ Baltic, Connecticut 06330



Phone: 860.822.8264

Fax: 860.822.1347

Application Form (continued)

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: _____

If you do not hold a degree, highest level completed: _____

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

Work Experience			
Company / School	Town / State	Position	To / From

Other Abilities and / or Experience



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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: _____

Nondiscrimination Statement

The Sprague Board of Education is an equal opportunity / affirmative action employer.

The Sprague Board of Education does not discriminate on the basis of race, color, religion, marital status, veteran status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities and employment practice.

Per The Sprague Board of Education Policy #4007-Policy Regarding Nondiscrimination, the Board will not make employment decisions (including decisions related to hiring, assignment, compensation, promotion, demotion, disciplinary action and termination) on the basis of race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), genetic information, or gender identity or expression, except in the case of a bona fide occupational qualification.

The full policy is available online at: www.saylesschool.org



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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 DCF registry check and a state police background check will 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: Human Resources
 25 Scotland Road
 Baltic, CT 06330-1110

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

 Superintendent's Signature

 Date