



Sprague School District
25 Scotland Road ~ Baltic, Connecticut 06330



Sayles School

Phone: 860.822.8264

Fax: 860.822.1347

Instructional Assistant 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? _____

List the hours you are available (8:00 a.m. – 5:00 p.m.):

Mon	Tue	Wed	Thu	Fri
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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



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Instructional Assistant 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 ***

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	_____
		Superintendent's Signature	Date