LISBON BOARD OF EDUCATION LISBON CENTRAL SCHOOL 15 NEWENT RD LISBON, CT 06351

TEACHER APPLICATION

<u>Grade Level</u>		Specialized Area			
Pre-School Kindergarten Primary (1-3) Intermediate (4		Remed	Special EducationRemedial EducationOther (please state below)		
Name of applicant:					
Address:					
Email:					
Home phone: ()			cial Security #:		
College/University	Degi	ree and Major	Dates*		
Professional Preparation:					
Teaching Experience: (List					
Location	Grade(s)	Subject(s)	Begin/End Dates	PT/FT	
Student Teaching Experien	nce: (List most recer	nt experience first.)			
Location	Grade(s)	Subject(s)	Begin/End Da	Begin/End Dates*	
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^{*} Information will be used for verification purposes only.

Connecticut Teaching/Administrative Certifications:

If you presently hold a Connecticut teaching/administrative certificate, a copy must be attached to the application. At the time of contract signing, you may be required to present the original copy for verification.

Type (e.g., Initial)	Endorsement Area	Issue Date	Expiration Date

Honors and Recognition:		

Extracurricular activities:

Organization	Function	Date

References:

Please list three references. Unless you specifically request us not to, we reserve the right to contact any or all references.

Name	Position	Address	Phone number

CRIMINAL BACKGROUND CHECK

The Lisbon Board of Education has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following form to help us meet with requirements pursuant to Connecticut General Statute 54-56g.

1.	Were you ever known by any other name? If yes, please list the name(s) below. Yes No
2.	Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Connecticut?
	Yes No
	If so, identify the approximate date, location and nature of each conviction on a separate sheet of paper and attach to this form.
3.	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.
4.	Are you currently enrolled in a program of deferred adjunction (e.g., accelerated rehabilitation, pre-trial drug or alcohol education pursuant to Connecticut General Statute 54-56g)? Yes No
	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 form.
cri fir na	understand that if I am employed by the Lisbon Board of Education, I will be required to submit to a state and national iminal history records check for a period of 90 days from my date of employment and I will be required to submit to agerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a tional criminal history records check. I further understand and agree that if I have been convicted of a crime which has at been disclosed to the Lisbon Board of Education, the Board may immediately terminate my contract of employment.
in: en	nereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic stitutions to supply any information regarding my background to the Lisbon Public School System and to its agents and apployees, and I hereby release all such former employers, law enforcement agencies, credit agencies and academic stitutions, their agents and employees from any liability arising from the supplying and use of such information.
Bv	y: Date:
	y: Date: Signature
	(Please Print Name)

THE LISBON BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of the Lisbon Board of Education to recruit, select and employ the best qualified person on the basis of their merit and effectiveness without discrimination as to their natural origin, ancestry, race, color, sex, age, marital status, physical disability, or other applicable unlawful discriminatory standards.