



III. SUBJECT(S)/GRADE LEVEL(S) YOU PREFER TO TEACH

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

IV. LIST REFERENCES: Experienced teachers list superintendents, principals, and supervisors. Beginning teachers include building administrator, cooperating teacher, college student-teacher supervisor, and/or supervising teacher under whom you have taught, who has firsthand knowledge of your character, personality, scholarship and teaching ability.

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

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Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

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Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

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List home address(es) for the past six years:

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

**\*\*NOTICE TO APPLICANTS\*\***

THE FOLLOWING INFORMATION MUST BE SUBMITTED SIMULTANEOUSLY WITH THIS APPLICANT FORM AND BE ON FILE BEFORE THE APPLICATION MAY BE PROCESSED FOR BOARD ACTION.

1. Official transcript.
2. Copy of current teaching certificate.
3. BCII/FBI results

**APPLICANT'S STATEMENT**

Permission is hereby granted to the Eaton Community School District, its agents and/or employees, by the undersigned, to conduct such reference, education, employment and any other agency checks as they may collectively or individually feel are necessary to consider me for employment.

Furthermore, as a condition of employment, I understand that any false and misleading information given in my application, résumé, transcript, certificate, other additional information or interview(s) may result in discharge.

I also understand that my employment is conditioned upon the completion of a criminal record check acceptable to the Board of Education of the Eaton Community School District. If the criminal record check should prove to be unacceptable to the Board of Education for any reason, I understand that my employment may be terminated at the will of the Board without any type of hearing or statement of reasons for such action.

This condition applies only during my first year of employment in the Eaton Community School District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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<Office Use>

Criminal Investigation returned to district \_\_\_\_\_ Official Transcript \_\_\_\_\_

Copy of Certificate \_\_\_\_\_

Date application received: \_\_\_\_\_ By: \_\_\_\_\_

Interviewed by \_\_\_\_\_  
Initials/Date