ANDOVER SCHOOL DISTRICT ANDOVER ELEMENTARY SCHOOL 35 SCHOOL ROAD, ANDOVER, CONNECTICUT 06232 (860) 742-7339 (860) 742-8288 FAX

CERTIFIED EMPLOYEE APPLICATION FOR ADMINISTRATIVE POSITION

Name:		Sc	oc. Sec. No.:	
Name:First	Middle	Last	-	
Present Address:				
Telephone No.:	Cell No.:	Other	Phone No.: _	
Email Address:				
Position for which you are	applying:			
	**	***		
Connecticut Certification:				
	Туре	Endorsement(s)		Expiration Date
Additional Certification He	eld:			
	**	***		
Are you a United States Ci	tizen?:	Yes	No	
Have you ever been convid	eted of a crime?:	Yes	No	
If yes, give details:				
	Signature		Dat	ie

The Andover School District Board of Education prohibits harassment and discrimination on the basis of race, color, religious creed, age, marital status, military or veteran status, national origin, sexual orientation, or past or present physical or mental disability in accordance with Titles VI, VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1973, Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act of 1991, and applicable state laws.

Pre	sent Position:				
		Title	School	Location	
Rea	son for Leaving:				
Ma	y we contact your p	oresent employer?:	1 es	NO	
ED	UCATIONAL DD	EPARATION THROU		DECDEE	
ЕD	UCATIONAL PR	LPAKATION THROU	GH BACHELUK'S	DEGREE	
School		Location	Specialization/ Nature of Courses	Degree/Diploma	Date Graduated
High Sc	hool				
College					
	ool activities, extra	-curricular participation	, civic involvement: _		
ED	UCATIONAL TR	AINING RECEIVED	AFTER BACHELO	OR'S DEGREE	
Date	Institution	Dates Attended	Specialization/Nature of Courses	f Semester Hours	Degree/Diploma

EDUCATIONAL EMPLOYMENT EXPERIENCE (exclusive of student teaching) List in chronological order, most recent first.

Fr	om	To						
Mo.	Yr.	Mo.	Yr.	School	Town/City/State	Grade/ Subject	No. of Yrs. Taught	Yearly Salary
						<u> </u>		

OTHER PROFESSIONAL EXPERIENCES (Travel, private study, publications, lecturing)

Fr	om	To			
Mo.	Yr.	Mo.	Yr.	Nature of Experience	No. of Months
1	1	l	I		

OTHER WORK EXPERIENCES (Business, trades, summer occupations, social services)

Fr	om	To				
Mo.	Yr.	Mo.	Yr.	Firm, Institution, Etc.	Nature of Work	No. of Months
1	I				l .	

MILITARY SERVICE (Active Duty)

Fr	om	To				
Mo.	Yr.	Mo.	Yr.	Firm, Institution, Etc.	Nature of Work	No. of Months

Your personal educational goal:	
your own handwriting, please discuss your reasons for applying for this padership, and your beliefs about public school education:	position, your philosophy