

WATERTOWN SCHOOL DEPARTMENT
Watertown, Connecticut



APPLICATION

of

Name _____
Last First Middle

Present Address _____
Number Street City State Zip Code
Until _____ 20 _____ Phone _____

Permanent Address _____
Number Street City State Zip Code

Social Security No. _____ Phone _____
Cell # _____ E-Mail Address _____

FOR POSITION AS TEACHER OF

_____ (indicate grades, or if high school, subject in order of preference)

in the _____
(High School or Grade)

Signature _____ Date _____ 20 _____

NOTE: The applicant should exercise the greatest care in preparing this blank. Information given herein becomes a legal part of the contract in case of election. Please do not omit any item.

Central Office
10 DeForest Street
Watertown, Connecticut 06795
Telephone: (860) 945-4800
Fax: (860) 945-2775

The Watertown Board of Education is an Equal Opportunity Employer.

EDUCATION

Name of School and location include High School, College, Graduate Work and Summer Sessions in Order Taken	Dates	Time Spent	Semester Hours Credit	Degree or Diploma	Major Subject and Semester Hours Credit	Minor Subject and Semester Hours Credit

NOTE: A Semester Hour is one class per week for not less than 18 weeks

EXPERIENCE

Name of School and Location	Dates	Number of Months	Number of Teachers in System	NATURE OF WORK If grades, specify what grades and subjects: If high school, the subject taught and any extra curricular work handled:
TOTAL NUMBER OF MONTHS				

In your own words, please provide us with a handwritten statement explaining why you want to be a teacher in Watertown.

Give title, number, and grade of certificate(s) you hold: (Please include a copy of your Connecticut Certification)

Do you need to participate in **BEST Program**?

Yes _____

No _____

Expected Salary? _____

When could you begin work here? _____

Could you come for an interview? _____

List college activities engaged in, and any honors received before or since graduation:

Add here any additional information which you believe will assist us in arriving at a true estimate of your qualifications. Copies of testimonials may be included.

PLEASE ENCLOSE TRANSCRIPTS: (COPIES ARE ACCEPTABLE)

REFERENCES: These should be persons qualified to give any information to show your fitness for the position you seek. Please include superintendents and principals under whom you have taught.

	Name	Address	Occupation	Phone
1.				
2.				
3.				

