



Foster - Gloucester Regional School District
91 Anan Wade Road
North Scituate, RI 02857
Phone: (401) 710-7500 Opt 4

Educator / Certified Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Date of Application	Position Applied For
Name (Last, First, Middle)	Mailing Address
	Email Address:
Home Telephone Number	Best Time to contact is:
Cell Phone Number	____:____ AM ____:____ PM ____ ANYTIME
Work Telephone Number	Are you legally authorized to work in the United States?
May we contact you at work?	
Date available for work	Are you currently employed?
____/____/____	May we contact your present employer?

Have you been convicted of a felony? ____Yes ____No

Have you ever entered a plea of Nolo Contendere to a crime? ____Yes ____No

A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? ____Yes ____No

Have you ever been disciplined, discharged, or asked to resign from a prior position? ____Yes ____No

Has your contract in a prior position ever been non-renewed? ____Yes ____No

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? ____Yes ____No

Have you ever had a professional license or certificate, suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? ____Yes ____No

Certification

Do you hold a RI State Certification?	Are you highly qualified?
Certification No. _____	
List all certifications held in RI:	
List all certifications held in other states:	

Position(s) Desired

Middle	Grade / Subject Area / Specialty Area Preferred		
High	Grade / Subject Area / Specialty Area Preferred		
Available For Substitute Teaching? Yes or No	Day to day	Long Term	

Education NOT listed on Resume

	School Name and Address	Course/Major	Year of Graduation	Degree or Certificate Received
College				
College				
Other (Specify)				

Teaching Experience NOT listed on Resume

Include only teaching under regular contract. Do not include student or substitute teaching.

CITY OR TOWN AND STATE	NAME OF SCHOOL	SUBJECT OR GRADES TAUGHT	DATES					
			FROM			TO		
			MO.	DAY	YR	MO.	DAY	YR

Substitute Teaching NOT listed on Resume

Credit for actual time spent in permanent substituting teaching will be allowed on the same basis as regular teaching experience.

CITY OR TOWN AND STATE	NAME OF SCHOOL	SUBJECT OR GRADES TAUGHT	DATES					
			FROM			TO		
			MO.	DAY	YR	MO.	DAY	YR

Student Teaching Experience NOT Listed on Resume

List chronologically and include internships

NAME OF SCHOOL	SCHOOL DIVISION	CITY/COUNTY STATE	GRADE LEVEL AND/OR SUBJECT	DATES
Cooperating Teacher				
Grade or Subject				

Relevant Employment Experience NOT listed on Resume

Start with your most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed	
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					
Employer		Dates Employed			Work Performed
		From	To		
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for Leaving					

REFERENCES NOT listed on Resume

1.	
(Name)	(Phone #)
(Address)	(Email)
2.	
(Name)	(Phone #)
(Address)	(Email)
3.	
(Name)	(Phone #)
(Address)	(Email)
4.	
(Name)	(Phone #)
(Address)	(Email)

Your file will not be complete until we have received the following:

- **COMPLETED APPLICATION**
- **COPY OF RI CERTIFICATION**
- **RESUME**
- **THREE (3) CURRENT LETTERS OF REFERENCE**
- **ORIGINAL TRANSCRIPTS**

THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no misrepresentations or falsifications of the above statements, answers to questions and all application materials submitted including my resume. I understand that should an investigation disclose such misrepresentations, falsifications and/or omissions, my application may be rejected and, should I be employed, my service may be terminated.

DATE

SIGNATURE

**FOSTER-GLOCESTER REGIONAL SCHOOL DISTRICT
\\CONFIDENTIAL REFERENCE REQUEST**

I grant permission for the release of any and all information, as requested by the Foster-Glocester School Department, for the purposes of employment verification and a BCI Check. I understand that this application is not, nor is it intended to be, a contract of employment and hereby release from all liability the employer and representatives, for seeking such information and all other persons or organizations for furnishing such information. A copy of this release should be deemed the equivalent of the original for all purposes, including, but not restricted to the confirmation of whether or not I have a criminal record.

Name

Social Security Number

Applicant's Signature

Date

For School Department Use

Date Received: _____

Person Receiving the Application: _____