

Name _____

Certification

Certificate Held	Area(s) of Certification	Date Issued	Date Expired

Circle the Teachers' Exams you have taken: Enclose a copy of the results

PRAXIS 1

PRAXIS 2
(List Specialty Tests Taken)

OTHER
(List Tests Taken)

NONE

If not already taken, when will you fulfill this Delaware requirement? Date _____

Professional References

Name	Position	Street, City, State, Zip	Home Phone	Work Phone

Other Experiences (Include active military service and substitute teaching)

From	To	# of Yrs	Kind of Work	Name of Employer	Address

Special Training

Please use key to indicate experience or training in any of the areas listed below.

T=Training E=Experience B=Both

<input type="checkbox"/> Balanced Literacy	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Multi-media Presentations
<input type="checkbox"/> Basic Sign Language	<input type="checkbox"/> Flexible Grouping	<input type="checkbox"/> Phonemic Awareness
<input type="checkbox"/> Computer Training	<input type="checkbox"/> Four Block Model	<input type="checkbox"/> Project Writing
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> Reading Recovery
<input type="checkbox"/> Conduct Disorder	<input type="checkbox"/> Guided Reading	<input type="checkbox"/> Rubrics
<input type="checkbox"/> Cooperative Learning	<input type="checkbox"/> Inclusive Education	<input type="checkbox"/> Smithsonian Science Kits
<input type="checkbox"/> Curriculum Integration	<input type="checkbox"/> Integrated Math	<input type="checkbox"/> Team Teaching
<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Interdisciplinary Teamings	<input type="checkbox"/> Manipulative Math
<input type="checkbox"/> Differentiated Instruction	<input type="checkbox"/> Multi-cultural Awareness	<input type="checkbox"/> Whole Language
List others: _____		

Name _____

Essay

We are interested in your ability to organize and express thoughts on a specific topic in a succinct manner. Please select one of the following topics and write (own handwriting) an essay in the space provided on this page:

- The Most Important Qualities of an Outstanding Educator
 - My Philosophy of Student Discipline
 - The Importance of Continuing Professional Development
 - Essential Elements of Instruction
 - How Technology Can Be Integrated into Instruction
-

Related Information

Are you currently employed by another school system? _____ Name of school system: _____

If employed, why do you wish to leave your current position? _____

If employed: Contract Begin Date _____ Contract End Date _____

Are you legally eligible for employment in the United States? _____

Have you ever been discharged or requested to resign from a position? _____

Has your teaching certificate/license ever been suspended or revoked? _____ If so, explain: _____

How did you hear about us? (Campus/Job Fair; Internet; Referral; Relocation to Area; Other)

Please explain: _____

List extra-curricular activities you would be willing to coach or sponsor: _____

Please list any language(s) other than English you can use: _____

THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW

I HERBY AUTHORIZE THE Christina School District to request verification of statements made by me on the employment application. I also give permission to any of my former employers to release the information requested to the Christina School District. Further, I release such employers and the Christina School District from all liability for any damage whatsoever for issuing such information. I certify that all the statements made on this application are true and complete to the best of my knowledge and that any false statements or withholding any information could subject me to disqualification or dismissal.

Applicant's Signature

Date

SEND THIS APPLICATION, TRANSCRIPTS, PRAXIS RESULTS, AND COPIES OF TEACHING CERTIFICATE(S) TO:

Christina School District
Department of Human Resources
600 North Lombard Street, Wilmington, Delaware 19801
(302) 552-2606 (Phone)
(302) 552-2651 (Fax)

THIS APPLICATION IS COMPLETE WHEN ALL NECESSARY INFORMATION IS PROVIDED AND WILL BE KEPT ON FILE FOR ONE YEAR.

THIS SPACE RESERVED FOR OFFICIAL USE

APPLICANT CONTACTS			APPLICANT'S ACTIVITY	
Date	Comments	Initials		
_____			P Scr	_____
_____			C Int	_____
_____			S Int	_____
_____			Sch Int	_____
_____			Sch Int	_____
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The Christina School District is an equal opportunity employer. It does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, disability, age or Vietnam Era veteran's status in employment or its programs or activities. Upon request, reasonable accommodations are available for qualified applicants with disabilities in all phases of the application process.