

**LISBON BOARD OF EDUCATION
LISBON CENTRAL SCHOOL
15 NEWENT RD
LISBON, CT 06351**

TEACHER APPLICATION

Grade Level

- Pre-School
- Kindergarten
- Primary (1-3)
- Intermediate (4-5)
- Middle School (6-8)

Specialized Area

- Special Education
- Remedial Education
- Other (please state below)

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Name of applicant: _____

Address: _____

Home phone: () _____ Work phone: () _____ Social Security #: _____

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Professional Preparation:

College/University	Degree and Major	Dates*

Teaching Experience: (List most recent experience first.)

Location	Grade(s)	Subject(s)	Begin/End Dates	PT/FT

Student Teaching Experience: (List most recent experience first.)

Location	Grade(s)	Subject(s)	Begin/End Dates*

* Information will be used for verification purposes only.

Connecticut Teaching/Administrative Certifications:

If you presently hold a Connecticut teaching/administrative certificate, a copy must be attached to the application. At the time of contract signing, you may be required to present the original copy for verification.

Type (e.g., Initial)	Endorsement Area	Issue Date	Expiration Date

Honors and Recognition:

Extracurricular activities:

Organization	Function	Date

References:

Please list three references. Unless you specifically request us not to, we reserve the right to contact any or all references.

Name	Position	Address	Phone number

CRIMINAL BACKGROUND CHECK

The Lisbon Board of Education has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following form to help us meet with requirements pursuant to Connecticut General Statute 54-56g.

1. Were you ever known by any other name? If yes, please list the name(s) below.

Yes _____ No _____

2. Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Connecticut?

Yes _____ No _____

If so, identify the approximate date, location and nature of each conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently pending against you either within or outside the State of Connecticut?

Yes _____ No _____

If so, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach to this application.

4. Are you currently enrolled in a program of deferred adjunction (e.g., accelerated rehabilitation, pre-trial drug or alcohol education pursuant to Connecticut General Statute 54-56g)?

Yes _____ No _____

If so, identify the jurisdiction in which such program is pending and an explanation of the nature of such program on a separate sheet of paper and attach to this form.

I understand that if I am employed by the Lisbon Board of Education, I will be required to submit to a state and national criminal history records check for a period of 90 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Lisbon Board of Education, the Board may immediately terminate my contract of employment.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic institutions to supply any information regarding my background to the Lisbon Public School System and to its agents and employees, and I hereby release all such former employers, law enforcement agencies, credit agencies and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

By: _____

Signature

Date: _____

(Please Print Name)