

Mason School District
SAU#89
Telephone # (603) 878-2962
Fax # (603) 878-3439
www.sau89.k12.nh.us

APPLICATION FOR PROFESSIONAL POSITION

I. PERSONAL INFORMATION*

Name: _____

Permanent Address _____ Telephone _____
Number & Street City State Zip

Temporary Address _____ Telephone _____
Number & Street City State Zip

Are you a U.S. citizen? Yes No Social Security Number _____

Are you certified in New Hampshire? Yes No Certification Number _____

Are you certified in another state? Yes No Certification Number _____

If yes, in what areas or subjects? _____

**Please print or type when completing entire application.*

II. POSITION REFERENCES

Elementary (Pr-K – 5)	Secondary (6 – 12)
1 st choice _____	1 st choice _____
2 nd choice _____	2 nd choice _____
3 rd choice _____	3 rd choice _____

Please indicate whether this application is for permanent or substitute teaching:

Permanent Substitute

If you are applying for substitute work, indicate for which available:

Long-term Day-to-day

MASON SCHOOL DISTRICT is an equal opportunity employer. It is our policy to comply with TITLE IX and CHAPTER 622 regarding discrimination in our programs, activities, and employment

COMPLETE EDUCATION AND EXPERIENCE DATA ARE NECESSARY TO DETERMINE SALARY. DO NOT OMIT ANY TIME PERIOD. PLEASE SUPPLEMENT APPLICATION WITH PERSONAL RESUME, IF NECESSARY.

III. EDUCATIONAL BACKGROUND*

	Institution	City	State	Degree	Credit Hours	Dates	
						From	To
High School							
Undergraduate Study							
Undergraduate Study							
Graduate Study							
Post-Graduate Study							
Post-Graduate Study							

Undergraduate Major _____ Undergraduate Major _____ Graduate Major _____

*Applicant must provide college transcripts: photo copies thereof are acceptable.

IV. STUDENT TEACHING

	School(s) in which student teaching was completed	School Address	Grade or Subject Assignment	Dates		No. Weeks
				From	To	
1.						
2.						

V. PROFESSIONAL EXPERIENCE

	School	City	State	Assignment	Dates		Total Years	Final Salary
					From	To		
1.								
2.								
3.								
4.								

VI. WORK EXPERIENCE- OTHER THAN TEACHING

	Employer	City	State	Assignment	Dates		Total Years	Final Salary
					From	To		
1.								
2.								
3.								

VII. PRESENT ASSIGNMENT*

Name of School _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Type of Assignment: _____ Grade Level: _____ Other: _____

Are you willing to have a representative visit your classroom? Yes No

If so, indicate the best time for such visitation: _____

Indicate any special directions for reaching your school: _____

Is your present employer aware you are seeking a new position? Yes No

**If we choose to visit, we shall notify candidate first and request permission from present school system.*

VIII. CO-CURRICULAR ACTIVITIES*

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

*List those high school, college, athletic and other co-curricular activities in which you have participated; check those which you are willing and feel qualified to conduct.

IX. SUPPLEMENTAL INFORMATION

1. Have you ever applied for a teaching position in or have you been employed by the SAU?

Yes No Date(s) _____

2. How did you hear of a possible vacancy and why do you think you would like to teach in the SAU?

3. Travel Experience: _____

X. PROFESSIONAL AFFILIATIONS*

1. _____ 3. _____

2. _____ 4. _____

** List only relevant educational organizations of which you are a recognized member.*

I affirm that all statements made in this application are true to the best of my knowledge and that I have met or am meeting all professional obligations.

Signature

Date

XI. PROFESSIONAL REFERENCES*

	Sent	Rec'd
1. Name _____ Official Position _____ Address _____ Telephone Number _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Name _____ Official Position _____ Address _____ Telephone Number _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Name _____ Official Position _____ Address _____ Telephone Number _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Name _____ Official Position _____ Address _____ Telephone Number _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Name _____ Official Position _____ Address _____ Telephone Number _____	<input type="checkbox"/>	<input type="checkbox"/>

- *List a principal for each teaching position you have held, and include your present Superintendent. Non-teaching candidates should include the names of immediate supervisors and present Superintendent. If any or all of these references are on file at a college placement office, list below the name and address of the placement bureau.*

Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Address _____		

XII. FURTHER INFORMATION*

**This space is provided for any additional statements the applicant may wish to submit in connection with the candidacy. Attach an additional sheet if needed.*