

BREMEN PUBLIC SCHOOLS

512 West Grant Street
Bremen, Indiana 46506

EMPLOYING OFFICIALS
INITIAL HERE AFTER
REVIEWING COMPLETED
APPLICATION:

_____	_____
_____	_____
_____	_____
_____	_____

Application for Teaching Position

Name in Full (PRINT) _____

Present Address _____

Permanent Address _____

Date of Application _____ - _____ - _____

Present Telephone Number (_____) _____ - _____

Permanent Telephone Number (_____) _____ - _____

POSITION BEING SOUGHT

For Elementary Position Only (Check Preference)

____ K ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6

For Secondary Position Only (Check Preference)

____ 7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12

List Major Area(s): _____

Minor Area(s): _____ Other: _____

Activities which you can sponsor/supervise/coach: _____

EDUCATION AND PROFESSIONAL TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR(S)	MINOR(S)	DEGREE	YEAR

LICENSE INFORMATION

TYPE OF LICENSE	GRADE	DATE OF ISSUE	DATE EXPIRES	SERIAL NUMBER	SUBJECT ENDORSEMENT

TEACHING EXPERIENCE

NAME AND LOCATION OF SCHOOL (Begin with most recent)	GRADES OR SUBJECTS	FROM MO.	YR.	TO MO.	YR.	REASON FOR LEAVING

STUDENT TEACHING EXPERIENCE

(Complete this section if you have less than five years teaching experience)

NAME AND LOCATION OF SCHOOL (Begin with most recent)	GRADES OR SUBJECTS	FROM MO.	YR.	TO MO.	YR.	SUPERVISING TEACHER

SALARY INFORMATION

EXPERIENCE CREDIT	MILITARY EXPERIENCE
Number of Years of Military Service _____	Branch _____ Rank _____
Number of Full Years of Teaching _____ (Must teach 120 days to receive credit for full year)	Dates of Active Service _____
	Number of Months Active Duty _____
TOTAL EXPERIENCE CREDITS _____ Indiana Teacher Retirement Number _____ Social Security Number ____ / ____ / ____	

WORK EXPERIENCE OTHER THAN TEACHING

NAME AND LOCATION OF COMPANY	KIND OF BUSINESS	FROM MO.	YR.	TO MO.	YR.	REASON FOR LEAVING

Have you ever been convicted of a felony? () Yes () No

Explain: _____

Are there any pending criminal cases against you? () Yes () No

Explain: _____

Have you ever been dismissed, denied tenure or not renewed? () Yes () No

Explain: _____

PERSONAL

How many days were you absent from the classroom/work last year? Illness _____ Other _____

Name and address of person to be notified in case of an emergency: _____

Date available to begin employment: _____

PROFESSIONAL RECOGNITION, MEMBERSHIP, EXTRA-CURRICULAR ACTIVITIES, ETC.

ADDITIONAL QUALIFICATIONS OR REMARKS. INCLUDE OTHER ITEMS THAT MIGHT BE OF INTEREST TO YOUR PROSPECTIVE EMPLOYER

REFERENCES

(Give at least four references, including principals and superintendents for whom you have taught.)

NAME	ADDRESS	TELEPHONE	OFFICIAL POSITION

COLLEGE OR UNIVERSITY CREDENTIALS /PRAXIS I (PPST) TESTING

Is your credential file current? ___ Yes ___ No Have you requested it be forwarded to us? ___ Yes ___ No

Have you taken the PRAXIS I (PPST) ? ___ Yes ___ No Date Taken:_____ Passed? ___ Yes ___ No

Have you taken the Specialty Area Test? ___ Yes ___ No Date Taken:_____ Passed? ___ Yes ___ No

If so, list areas taken: _____

PLACEMENT OFFICE ADDRESS:

School: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Applicant's Name: _____

Date: _____

DIRECTIONS: Please respond in your own handwriting to the following items. Use only the space provided.

1. What are your three most important reasons for wanting to be a teacher?

2. How much do you want to know about your students in order to be most helpful to them?

3. What three (3) things do you most want to know about your students?

4. What do you need to know in order to begin your lesson planning for a class?

5. What four (4) key components do you believe you must include in your plan?

6. When you think about your students, in what major ways do you most want to influence their lives?

7. What two (2) core teaching strategies do you most use to achieve this result?

**WAIVER
PUBLIC LAW 93-380**

“Family Education Rights and Privacy Act of 1974”

I, _____, being aware of the provisions of Public Law 93-380, “Family Education Rights and Privacy Act of 1974”, hereby affix my signature and provide a waiver of the above law’s provisions.

I, hereby grant authorization to Bremen Public Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporation.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluations from any assigned classroom supervising teacher.

I, hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Office of the Superintendent, Bremen Public Schools.
2. Any or all educational institutions I have attended to release my placement credentials, on request, to the Office of the Superintendent, Bremen Public Schools.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to the Office of the Superintendent, Bremen Public Schools.

Signature of Applicant

(Date)

I have completed a criminal history check within the past three years. Yes No

Bremen Public Schools does not discriminate in any practice in the operation of the school system upon the basis of sex, race, color, religion, creed, national origin, handicap, or veteran’s status, and will not permit discriminatory practices to be employed by anyone in the school system upon the basis of sex, race, color, religion, creed, national origin, handicap, or veteran’s status.

Signed: _____

APPLICATIONS REMAIN ON ACTIVE FILE FOR ONE YEAR.
RENEWAL OF THE APPLICATION IS THE RESPONSIBILITY OF THE APPLICANT
(Bremen Public Schools is an Equal Opportunity Employer)

NOTE: Candidates must meet North Central Association requirements. Candidates who have graduated from out-of-state Colleges and universities should have teaching credentials evaluated by the Licensing Division, State Department of Public Instruction, State House, Indianapolis, Indiana 46204

