



# Employment Application

We appreciate your interest in seeking employment with our school. We assure you that we are interested in your abilities and qualifications. Therefore, the information we are asking would help us determine the area(s) where you could best serve the school.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_ CELL PHONE (     ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITIZENSHIP: USA  OTHER  Are you a certified teacher? YES  NO

If the answer is YES please complete the following information:

Place	License/Certificate Number	Type

College or University Attended	Degree	Date	Field of Specialization

## Record of Employment

Employer	From Month/Year	To Month/Year	Position	Starting Salary
Reason for leaving			Name of immediate Supervisor	

Employer	From Month/Year	To Month/Year	Position	Starting Salary
Reason for leaving			Name of immediate Supervisor	

Position desired: \_\_\_\_\_

I understand that there is a three (3) month trial period during which an evaluation of my performance is made to determine my status.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date of Application

### FOR OFFICE USE ONLY


CUPEYVILLE SCHOOL

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