



Employment Application

We appreciate your interest in seeking employment with our school. We assure you that we are interest 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

Licensed by: General Council of Education of Puerto Rico Accredited by: Middle States Association - C.A.D.I.E.