



School Administrative Unit 18



Franklin School Department – Hill School District

119 Central Street • Franklin, New Hampshire 03235 • (603) 934-3108

APPLICATION OF

Mr.
Mrs.
Miss
Ms.

_____ last Name First Name Middle initial

Present Address _____
Street/RR City/town State Zip Code

Until _____ telephone (_____) _____
Area Code

permanent Address _____
Street/RR City/town State Zip Code

For position in _____
City/town or School

What elementary grades (in order of choice)? _____

What middle school subjects (in order of choice)? _____

What high school subjects (in order of choice)? _____

Are you presently under contract? Yes No

Can begin work on (date) _____

Have you ever been arrested for or convicted of a crime which has not been annulled by a court?
___ Yes ___ No If yes, please list date of conviction, charge and court result _____

Signature of Applicant _____ Date _____

EDUCATION

Name and location of School include High School, College, Graduate Work and Summer	Dates	time Spent	Semester Hours Credits	Degree	Major Subjects Semester Hours Credits	Minor Subjects Semester Hours Credits

STUDENT TEACHING COMPLETED AT:

School _____

Address _____
City/town
State
Zip Code

Grade or Subject _____ Will be completed by _____
Date

EDUCATIONAL WORKING EXPERIENCE

Name and location of School	Dates	Number of School Years	Nature of Work if grades, specify what grades and subjects; if high school, the subjects taught and any cocurricular work

OTHER QUALIFICATIONS

College activities engaged in, any honors received before or since graduation, and any other additional information which would add to your qualifications, i.e., hobbies, interests, work experiences.

Areas in which you can coach or advise students: _____

PERSONAL DATA

Condition of health _____
(if employed, a medical certificate, including TB examination, is required)

Do you hold New Hampshire Certification? Yes No

Other Certification _____
(State)

Expected Salary _____

Could you come for a personal interview? Yes No

Social Security Number _____

Transcripts and References: please have transcripts, letters of reference and/or placement papers sent to this office immediately. References should be persons qualified to assess your teaching potential and competency (supervising teacher, principal, superintendent, professor, department chairperson).

Name	Address	Position	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

FOR OFFICE USE

Election Date _____ Salary _____ Salary Step _____

Assignment _____

