

EDUCATION

COLLEGE

BEGIN WITH FIRST UNDERGRADUATE ENROLLMENT, PROGRESS TO GRADUATE LEVEL IF APPLICABLE. INCLUDE ALL INSTITUTIONS ATTENDED.

_____ SEMESTER HOURS BE CONSISTENT THROUGHOUT. USE EITHER SEMESTER HOURS OR QUARTER HOURS.
 _____ QUARTER HOURS CHECK WHICH YOU ARE USING. (3 QUARTER HOURS = 2 SEMESTER HOURS)

COLLEGE OR UNIVERSITY	DATES		MAJOR	MINOR	DEGREE	YEAR
	FROM	TO				

ACTIVITIES: _____ HONORS: _____

UNDERGRADUATE CUMULATIVE GRADE POINT AVERAGE: _____ ACTUAL _____ ESTIMATE

TOTAL NUMBER OF COLLEGE CREDITS EARNED: _____ UNDERGRADUATE _____ GRADUATE

MAJORS 1 _____ HRS. IN _____ MINORS 1 _____ HRS. IN _____
 2 _____ HRS. IN _____ 2 _____ HRS. IN _____

RELATED EXPERIENCE

MILITARY SERVICE DATES OF SERVICE: FROM _____ TO _____

BRANCH _____ RANK _____

BEFORE TEACHING: _____ YES _____ NO

WORK OR VOLUNTEER (INCLUDES ANY PREVIOUS WORK EXPERIENCE)

BRIEFLY DESCRIBE ANY WORK OR VOLUNTEER SERVICE EXPERIENCE WHICH COULD BE OF SPECIAL VALUE TO YOU AS A TEACHER. (E.G. SUBJECT RELATED JOB, PLAYGROUND OR CAMP LEADER, SUNDAY SCHOOL TEACHER, ETC. INCLUDE DATES AND PLACES.)

REFERENCES

GIVE COMPLETE INFORMATION

COLLEGE CREDENTIALS

IS YOUR CREDENTIAL FILE CURRENT? YES NO

HAVE YOU REQUESTED THAT IT BE FORWARDED TO US? YES NO

COLLEGE _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____ PHONE _____

PROFESSIONAL REFERENCE

(DO NOT REPEAT NAMES GIVEN ON FRONT OF APPLICATION)

SUPERINTENDENT THIS PERSON HAS KNOWN ME _____ YRS.
 OR
 COLLEGE DEAN OR OFFICER FROM _____ TO _____

HAVE YOU GIVEN HIM/HER A REFERENCE FORM? YES NO

STATE RELATIONSHIP _____

NAME _____
 TITLE _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____ PHONE _____

PROFESSIONAL REFERENCE

DEPARTMENT CHAIRMAN THIS PERSON HAS KNOWN ME _____ YRS.
 OR
 COOPERATING TEACHER FROM _____ TO _____
 OR
 OTHER ADMINISTRATOR HAVE YOU GIVEN HIM/HER A REFERENCE

FORM? YES NO

STATE RELATIONSHIP _____

NAME _____
 TITLE _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____ PHONE _____

PROFESSIONAL REFERENCE

REGULAR SUPERVISOR THIS PERSON HAS KNOWN ME _____ YRS.
 OR
 STUDENT TEACHING SUPERVISOR FROM _____ TO _____
 OR
 OTHER ADMINISTRATOR HAVE YOU GIVEN HIM/HER A REFERENCE

FORM? YES NO

STATE RELATIONSHIP _____

NAME _____
 TITLE _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____ PHONE _____

PERSONAL REFERENCE

YOUR CHOICE THIS PERSON HAS KNOWN ME _____ YRS.
 FROM _____ TO _____

HIS/HER OCCUPATION _____

STATE RELATIONSHIP _____

NAME _____
 TITLE _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP _____ PHONE _____

I hereby certify that the above information, to the best of my knowledge, is true, accurate, and complete. It is understood that this application becomes the property of the Sunman-Dearborn School Corporation. References and personal information which become part of this record are to be regarded as confidential and shall not be revealed to me.

Signature of Applicant _____ Date _____

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

1. What do you want to accomplish as a teacher?

2. How do you determine student attitudes and feelings about your class?

3. An experienced teacher offers you the following advice: "When you are teaching be sure to command the respect of your students and all will go well." Please respond.

4. How do you decide what to teach in your class?

5. What do you think provides the greatest pleasure in teaching?

6. How do you determine students' strengths and interests?