



EMPLOYMENT APPLICATION
Baltimore County Public Schools
Office of Personnel

Date Stamp:
 (Official Use Only)

School-Based Administrator Application

1. PERSONAL DATA

Name (Last, First, Middle/Other) _____

Permanent Address Street _____ City _____ State _____ Zip _____

Temporary Address Street _____ City _____ State _____ Zip _____

Home #: () - Cell #: () - Email: _____

Legally authorized to work in the U.S.?
 Yes No **Note: Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the United States.**

Are you able to perform the essential functions of the position(s) sought with/without accommodations? Yes No

REFERRAL SOURCE (REQUIRED) BCPS Job Fair BCPS Employee BCPS Website
 Recruiting–Location _____ Other Employment Website http://: _____ Other _____

APPLICANT STATUS New Applicant Former Applicant (within last 12 months) Former BCPS Employee

2. POSITION(S) APPLYING FOR

<p>First Preference</p> <p>_____</p> <p>Second Preference</p> <p>_____</p> <p>Third Preference</p> <p>_____</p>	<p>OTHER EMPLOYMENT SPECIFICS</p> <p>Preference <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either</p> <p>Are you currently under contract with another school system or district? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, with whom? _____</p> <p>Date available for employment: _____</p> <p>Are you interested in being a long-term substitute? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been interviewed by a BCPS representative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where? _____ When? _____</p>
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3. EDUCATIONAL BACKGROUND

High School	City and State	Date of Graduation	Attended		Degree Received		
			From	To	Type	Date	
College	City and State	Minor	Major	From	To	Type	Date
College	City and State	Minor	Major	From	To	Type	Date
College	City and State	Minor	Major	From	To	Type	Date

4. CERTIFICATION AND LICENSURE STATUS

(Please attach copies of licenses, certificates, and test scores)

Maryland State Teacher Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration date: _____
<input type="checkbox"/> Professional <input type="checkbox"/> Conditional		
Other State Teacher Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify state(s): _____
Educational Testing Praxis I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date passed (or scheduled date): _____
Praxis II (Content)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subject (test code, if available) and date: _____
Praxis II (Pedagogy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subject (test code, if available) and date: _____
Praxis II (Additional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subject (test code, if available) and date: _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of test(s) and date(s): _____
Other Professional License:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of license: _____ Exp date: _____

5. STUDENT TEACHING - INTERNSHIP EXPERIENCE & REFERENCES

School System/District	City & State	Grade/Subject	From		To	
			Month	Year	Month	Year
(We reserve the right to contact these individuals.)			Work Telephone #			
College Supervisor			Work Telephone #			
Cooperating Teacher			Work Telephone #			
Cooperating Teacher			Work Telephone #			

6. EMPLOYMENT EXPERIENCE & REFERENCES

(List only positions directly related to your major field and/or teaching)

Begin with the most recent experience.

Present Employment	Dates: From	/	/	To	/	/
Name of Employer	Address of Employer (include city, state, and zip)					
Position Held (if teaching position, grade/subject taught)	Salary (Administrative Positions Only)					
(We reserve the right to contact these individuals.)			Work Telephone #			
Supervisor's Name and Title			Work Telephone #			
Supervisor, Department Chairperson, Former Principal or Assistant Principal			Work Telephone #			
Supervisor, Department Chairperson, Former Principal or Assistant Principal			Work Telephone #			
Reason for Leaving						
Were you disciplined for any reason while employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If 'Yes', please attach a separate explanation.</i>						

6. EMPLOYMENT EXPERIENCE & REFERENCES *continued*

Next Most Recent Employment		Dates: From / / To / /	
Name of Employer		Address of Employer (include city, state, and zip)	
Position Held (if teaching position, grade/subject taught)		Salary (Administrative Positions Only)	
(We reserve the right to contact these individuals.) Supervisor's Name and Title		Work Telephone #	
Supervisor, Department Chairperson, Former Principal or Assistant Principal		Work Telephone #	
Supervisor, Department Chairperson, Former Principal or Assistant Principal		Work Telephone #	
Reason for Leaving			
Were you disciplined for any reason while employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If 'Yes', please attach a separate explanation.</i>			
Next Most Recent Employment		Dates: From / / To / /	
Name of Employer		Address of Employer (include city, state, and zip)	
Position Held (if teaching position, grade/subject taught)		Salary (Administrative Positions Only)	
Reason for Leaving			
Were you disciplined for any reason while employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If 'Yes', please attach a separate explanation.</i>			
Next Most Recent Employment		Dates: From / / To / /	
Name of Employer		Address of Employer (include city, state, and zip)	
Position Held (if teaching position, grade/subject taught)		Salary (Administrative Positions Only)	
Reason for Leaving			
Were you disciplined for any reason while employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If 'Yes', please attach a separate explanation.</i>			

7. MILITARY EXPERIENCE**COPY OF DD214 MUST BE SUBMITTED FOR VERIFICATION**

Branch of Service	From		To		Type of Separation
	Month	Year	Month	Year	

8. CRIMINAL BACKGROUND

If you answer 'Yes' to any of the following questions, an explanation must be provided on a separate sheet. A criminal offense does not necessarily exclude an applicant from employment with BCPS. All new employees must be fingerprinted and submit to a criminal background check.

Have you ever been convicted or received probation before judgment for a crime? (Do not include minor traffic violations for which a fine of \$100 or less was imposed.)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are any criminal charges or proceedings pending against you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been dismissed, asked to resign, or refused employment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been investigated or charged with any offense relating to children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had your certificate suspended or revoked in this state or any other? If yes, in which state(s)? _____ When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

9. NOTICE TO APPLICANT

MD. CODE ANN., LAB. & EMPL. SECTION 3-702(d)(1) requires that the following notice to the applicant be made known and that the applicant shall acknowledge having read the notice by his/her signature.

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

Signature of Applicant

Date

10. CERTIFICATION

In order for the Baltimore County Public Schools to obtain information regarding my competency for the position(s) for which I am applying, I hereby authorize its agents to contact persons named herein as references and other persons who might contribute job related information to my file. Additionally, I authorize those persons contacted to release the information requested to said agent(s) and waive my right to access those records.

11. AFFIRMATION

I hereby affirm that the information supplied herein is complete and accurate. I understand that false statements of information or willful misrepresentation and/or omission of information shall be just cause for rejection of my application or dismissal in the event I am hired.

Signature of Applicant

Date

If the answers to the above questions change after the date you originally signed this application, you must immediately notify the Office of Personnel in writing of the nature and reasons for those changes.

All applicants who are not hired within twelve (12) months of the date of application are required to submit a new application.

Please submit this application, as well as a resume, photocopies of all transcripts, professional licenses, Maryland in-service course slips, PRAXIS scores or other state's certification test scores to:

BALTIMORE COUNTY PUBLIC SCHOOLS
OFFICE OF PERSONNEL
1946 GREENSPRING DRIVE, SUITE N
TIMONIUM, MARYLAND 21093

TELEPHONE: 410-887-4150 or 1-800-TEACH BC (832-2422)

www.bcps.org

Reasonable accommodations for individuals with disabilities will be provided upon request.

REVISED 12/09

Board of Education of Baltimore County is an Equal Opportunity Employer and does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, veteran status, or any other characteristic.

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