

4. MILITARY SERVICE RECORD (Must be Active Duty in Armed Forces, Vista, or Peace Corps.) (Forward Copy of DD214)

Branch	From		To		TYPE OF SEPARATION
	Mo	Yr	Mo	Yr	

5. STUDENT TEACHING/INTERNSHIP EXPERIENCE

School and District	City and State	Grade(s) or Subject(s)	From		To	
			Mo	Yr	Mo	Yr

6. SALARIED TEACHING EXPERIENCE (If less than full time, give particulars. Begin with the most recent experience.)

School District/College	City and State	Grade(s) or Subject(s)	From		To	
			Mo	Yr	Mo	Yr

7. RELATED WORK EXPERIENCE (List only positions directly related to your major field and/or teaching.)

Employer	City and State	Grade(s) or Subject(s)	From		To	
			Mo	Yr	Mo	Yr

8. EXTRACURRICULAR INTERESTS

Every teacher is encouraged to participate in the extracurricular activities of the school. What activities or clubs are you interested in sponsoring or assisting?

9. CERTIFICATION AND LICENSURE STATUS (Please attach copies of licenses, certificates and test scores)

Maryland State Teaching Certificate? Yes No Expiration Date: _____
 Professional Provisional

Other State Teacher Certificate? Yes No If yes, identify State(s): _____

Educational Testing Praxis I Yes No Date passed (or scheduled date) _____

Praxis II (Content) Yes No Subject (test code, if available) and date _____

Praxis II (Pedagogy) Yes No Subject (test code, if available) and date _____

Praxis II (Additional) Yes No Subject (test code, if available) and date _____

Other Yes No Name of test(s) and date(s) _____

Other Professional License? Yes No Type of license: _____ Exp. Date: _____

10a. PROFESSIONAL REFERENCES (These individuals may be contacted for verification.)**EXPERIENCED APPLICANTS**

Current Principal Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference School _____ Street _____ City _____ State _____ Zip Code _____
Supervisor, Department Chairman, Former Principal or Asst. Principal (circle position) Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference School _____ Street _____ City _____ State _____ Zip Code _____
Supervisor, Department Chairman, Former Principal or Asst. Principal (circle position) Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference School _____ Street _____ City _____ State _____ Zip Code _____

10b. STUDENT TEACHERS/INTERNS

College Supervisor Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference School _____ Street _____ City _____ State _____ Zip Code _____
Cooperating Teacher Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference School _____ Street _____ City _____ State _____ Zip Code _____
Cooperating Teacher Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference School _____ Street _____ City _____ State _____ Zip Code _____

10c. CAREER CHANGERS

Current Supervisor (Use additional sheet of paper if necessary) Name _____ Work Phone # () _____ Home Phone # () _____	Address of Reference Company _____ Street _____ City _____ State _____ Zip Code _____
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11. WHY DID YOU LEAVE YOUR LAST POSITION?

12. NOTIFICATION TO APPLICANT

Section 95(c) of Article 100 of the Annotated Code of Maryland 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 ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, SIMILAR TEST, OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00."

13. CONVICTION OR DISMISSAL

Have you ever been convicted of a crime other than a minor traffic violation, received a probation before judgment, or received a not criminally responsible disposition? Yes No

Are you the subject of pending criminal charges?
It is the practice of the school system to perform criminal background investigations on all new employees. Yes No

Have you ever been dismissed, asked to resign, or refused employment? Yes No

Have you ever had your teaching certificate suspended or revoked? Yes No

If your answer to any of the above questions is "yes", you are required to provide details on a separate sheet of paper.

In this space you may continue any previous information. (Please number.)

14. AFFIRMATION

By my signature, I acknowledge having read the preceding "Notification to Applicant" (12.) and:

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission will be sufficient cause for cancellation of the application or discharge if I have been employed. I further understand that appropriate salary credit will be determined from verified information reported within this application.

Date

Signature of Applicant

15. MAILING ADDRESS

 (Please send this application to the following address.)

BALTIMORE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF HUMAN RESOURCES
1946 Greenspring Drive, Suite N
Timonium, MD 21093

TELEPHONE
410-887-4150
1-800-TEACH BC (832-2422)
www.bcps.org

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