

FALL MOUNTAIN REGIONAL SCHOOL DISTRICT

Professional Staff Employment Application

Position Applied For: _____

This application form MUST be completed in its entirety. You may use a resume to add to or elaborate on any information provided in this application.

Full Name: _____ Date: _____

Address: _____
Street Address City State Zip

_____ *Mailing Address City State Zip*

Phone: _____ E-mail: _____

Citizenship: US _____ Other _____

Have you ever been convicted and/or found guilty by a court of competent jurisdiction in this or another state of a felony that has not been annulled by a court? If yes, please explain on the back of this application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever had your teaching credential revoked in any state? If yes, please explain on the back of this application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold New Hampshire State Certification? (Enclose Copy)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Endorsement area(s): Expiration Date:		
If you are not currently certified in New Hampshire, please indicate your certification status: Have applied for Certification ____ Certification has Expired ____ Other: ____ (Please explain on the back of application)					

Education: List in Chronological Order
(Include a copy of College/Graduate School Transcripts)

College/University	Location	Degree Granted or Number of Credits Earned

FALL MOUNTAIN REGIONAL SCHOOL DISTRICT

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Student Teaching Experience

From	To	School	Location	Grade/Subject

Professional Experience

From Mo/Yr	To Mo/Yr	Educational or Other Relevant Professional Experience	Location

References: Persons who can Attest to your Qualifications for this Position.

	Name	Address	Telephone	Position
1.				
2.				
3.				
4.				
5.				

FALL MOUNTAIN REGIONAL SCHOOL DISTRICT

I certify that the above information is true and complete to the best of my knowledge and belief. I understand any statement I have furnished which is shown to be false when made will be cause for disregard of this application, or will be cause for my immediate dismissal if I have been hired. I authorize Fall Mountain Regional School District to conduct any and all inquiries that it may deem necessary or advisable to verify the information provided by me and/or to supplement this information. I authorize any former employer, or any other person, firm, corporation, credit agency, or government agency to provide Fall Mountain Regional School District with any information concerning me. In addition, I release such employer, person, firm, corporation, credit agency, or government agency from any previous agreement, verbal or written, which would prohibit the release of information pertinent to my application for employment within Fall Mountain Regional School District. I release and hold harmless Fall Mountain Regional School District, and such providers of information about me from any liability which results from the furnishing and review of this information.

Signature: _____ Date: _____

TITLE IX COMPLIANCE STATEMENT

This school district receives federal financial assistance. In order to continue receiving such federal financial assistance, this school district will not discriminate in their educational programs, activities, or employment practices on the basis of race, language, sex, age, or, handicapping condition, under the provisions of Title IX of the 1972 Educational Amendments; Section 504 of the Rehabilitation Act of 1973.

Complaints regarding compliance with Title IX regulations should be submitted in writing to the Title IX liaison for N.H. School administrative Unit 60, Superintendent's Office, PO Box 600, Charlestown, NH 03603.

Debra Livingston, Superintendent of Schools

**FALL MOUNTAIN REGIONAL SCHOOL DISTRICT IS
AN EQUAL OPPORTUNITY EMPLOYER**

FALL MOUNTAIN REGIONAL SCHOOL DISTRICT