

PROFESSIONAL EXPERIENCE

STUDENT TEACHING

School & Address	Principal	Supervising Teacher	Dates Employed	College Supervisor	Grade Level

TEACHING EXPERIENCE

Name & Location of School	Dates Employed	Number of full years	Nature of Work (indicate if substitute)	Reason for Leaving

HIGHLY QUALIFIED

Under No Child Left Behind, I am Highly Qualified to teach the following subjects:

BUSINESS EXPERIENCE

Name of Firm or Organization & Address	Type of Work Performed	Dates of Employment

MILITARY EXPERIENCE

Branch of Service _____ Military Speciality _____

Highest Rank or Grade _____

STATEMENT

I hereby certify that all statements made in this application are correct and authorize investigation of any information or references contained herein. I also authorize the Bayonne Board of Education to seek such other information as may be relevant to my application. I hereby release the Board and its representatives from any liability for seeking such information and all other persons, corporations, organizations for furnishing such information. I understand that any misrepresentations shall be sufficient reason to reject my application and to terminate my employment.

Date completed _____ Signature of Applicant _____

FOR OFFICE USE ONLY		
NAME	DATE	COMMENTS