



Graduate:

College	State	Dates	Degree

Please Forward {Copies} of All Transcripts of All College Work Completed.

Current Teaching Certificate (please enclose a copy)

Type	State	Subjects	Dates

Have you taken the Praxis Series Examination?

Praxis I { } Yes { } NO Date _____

Praxis II { } Yes { } NO Date _____

Educational Experience:

Student Teaching:

School	City / State	Dates	Assignment

Teaching Experience:

School	City/ State	Dates	Full/ Time	Part / time

Other Work Experience

Business	City / State	Dates	Type of Work



Military service Record: include active duty in Armed Forces, Vista and Peace Corps.

Branch	Active Duty Dates		Type of Separation	Duties
	From	TO		

Type of Visa:

U.S. Citizen Yes NO, type of Visa: _____

Contractual Information:

Are you currently under contract? yes No If yes, where? _____

Resignation Deadline _____

Date Available for Employment: _____

References:

Are your complete references on file with The Educator Consultant Firm, LLC Yes No

NEW GRADATES: (New out of college)

it is the responsibility of the applicant to request that the college forward
You're Credentials File which must include student teaching references!

Experienced Teachers: must send reference forms to Board Members for a review assessment. Please list complete and accurate information. This application will remain in our active files for one school year. It can be renewed for another year by making a written request.

You should call to check on status.

Name / Title	School	Address	<u>Alternate Address</u>
		Street _____	Street _____
		City _____	City _____
		State _____	State _____
		Zip Code _____	Zip Code _____
		Phone _____	Phone _____

		Street _____ City _____ State _____ Zip Code _____ Phone _____	Street _____ City _____ State _____ Zip Code _____ Phone _____
		Street _____ City _____ State _____ Zip Code _____ Phone _____	Street _____ City _____ State _____ Zip Code _____ Phone _____

Legal and Other Information:

CONVICTION:

Have you ever been convicted of or are you the subject of pending charges involving a crime?
(Do not include minor traffic violations for which a fine of \$100 or less was imposed)

{ } Yes { } NO If answer is " Yes " please provide details.

FINGERPRINTING:

Have you been fingerprinted in Maryland or in any state for a criminal Background Check?

State; _____ { } Yes { } No Date _____

If yes, please attach a copy of your Disclosure Statement.

DISMISSAL:

Have you ever been asked to resign, before a job action was taken, been suspended or been dismissed?

{ } Yes { } NO If answer is " Yes " please provide details.



My Signature below certifies that the information provided on this application is accurate and complete and subject to verification by The Educator Consultant Firm,LLC. I understand that any misrepresentation, misstatement, or omission may result in the cancellation of this application and dismissal at the discretion of The Educator Consultant Firm,LLC. If employed, I also agree to conform to the rules and regulations of The Educator Consultant Firm,LLC. In addition, my signature below authorizes The Educator Consultant Firm,LLC to obtain any and all necessary references to complete my application. It is also agreed that any references provided will remain confidential and are not disclosed to the employee.

Signature

Date

Send this application with a resume, references, copies of Transcripts, and teaching certificate to:



CERTIFICATED PERSONNEL OFFICE
The Educator Consultant Firm, LLC
P.O. Box 215
Laurel , Maryland 20725
Fax (240) 786- 7439 / (866) 572 – 0481
Email: www. info@educonsultantfirm.com

	For Office USE	

Interviews _____	Dates _____	Dates _____	Years Exp _____
Interviews _____	Dates _____	Dates _____	Degree _____
Interviews _____	Dates _____	Dates _____	Certification _____