

# STONINGTON PUBLIC SCHOOLS

Leanne Masterjoseph, Superintendent  
49 North Stonington Road  
PO Box 479  
Old Mystic, CT 06372  
(860) 572-0506

## EMPLOYMENT APPLICATION

Please return to above address.

### PERSONAL:

Name of Applicant:

Home Address: City: State: Zip:

Home Phone: Work Phone: (Optional)

### POSITION:

I am applying for the specific position of  
which I understand is currently available.

Should there be a vacancy, I would like to be considered for:

Grade or grades:

Subject or subjects in order of preference:

### LIST OF CERTIFICATIONS YOU HOLD:

| <u>Type</u> | <u>State</u> | <u>Endorsement Code(s)</u> | <u>Grade Level</u> | <u>Subject</u> | <u>Exp. Date</u> |
|-------------|--------------|----------------------------|--------------------|----------------|------------------|
|-------------|--------------|----------------------------|--------------------|----------------|------------------|

### ACADEMIC AND PROFESSIONAL EDUCATION: (Degree and Major)

BA/BS(College or University):

MA/MS:

6th Year/CAGS:

Doctorate:

Present Employer:

Present Salary:

Are you presently under contract? Yes No Date contract expires:

