LINCOLN-WOODSTOCK COOPERATIVE SCHOOL DISTRICT

SAU # 68

P.O. Box 846 Lincoln, NH 03251 (603) 745-2051

APPLICATION

Name:			Cell:					
Last			First		Middle			
Social Security Number:			Date of Birth:					
Home Addre	ess:							
Street			Town		State	Zip		
Mailing Add	lress:							
	Street		Town		State	Zip		
Email Addre	ess:							
Position App	olying For: (Plea	ase Check						
Teacher/Specialist			_ Administ	ator	Substitute			
			_Custodian	_	Office Personnel			
Aide			_ School L	ınch		Other (specify)		
====== Education:	Institution	J		Dates Attended		Degree/ Diploma		
===== High School		=====	:=====:	=======	======	========		
Undergrad.								
Graduate								
Graduate								
A. Are you B. If yes, da C. School/CD. May we	Company: contact your pr	oyed? Yo ployment esent emp	:oloyer? Yes	F Address: _ s No				
E. Have you	u ever worked f	or SAU 6	8? Yes	No	_ If yes, v	vhen		
List Member	rship in Educati	on, Civic,	Community	Organizatio	ns & any r	position held:		

References: List three (3) reference eleople should have first-hand kneeponsible to have reference let	nowledge of your effective	eness in the wo	rkplace. The a
Company Name	Contact/Position	Tel. No.	
Street	City/Town	State	Zip
Company Name	Contact/Position	Tel. No.	
Street	City/Town	State	Zip
S			
Company Name	Contact/Position	Tel. No.	
Street	City/Town	State	Zip
COACHES ONLY: Playing Experience in Sports: Sport	Level of Play	Locat	ion(s)
•	ates Level of Play		` ´

	and of overagin	maa om alvilla.		•		
carpentry	reas of experie	plumbing	g	othe	er	
boiler/bı	ırner exp	painting		welding		
mixing/st	torage of clean	ing chemicals		electrical		
SUBSTITUTES Please check apprinterested.		els, grade levels	====== and/or subje	ect areas, in w	hich you are	
School G	rades (Grades L	unch	Nurse	Custodian	
Lin-Wood Elem	. K-5					
Lin-Wood Mid.	6-8					
Lin-Wood HS.	9-12					
Full-Time Teach School L	ning Experienc	e: # of Mon	ths	Dates From/To	and/or Subject	
TRANSCRIPTS APPLICANTS N					PAPERS. TEACHER T.	
	MUST ALSO	HAVE OFFICIA	AL TRANS	CRIPTS SEN	Т.	
APPLICANTS N	MUST ALSO	HAVE OFFICIA	AL TRANS	Expiration I	T. Date	
APPLICANTS N	MUST ALSO	nEndorsement Endorsement	AL TRANSO # #	Expiration I Expiration I	T. Date Date	
APPLICANTS M Certification: N	MUST ALSO	n Endorsement Endorsement State	AL TRANSO # #	Expiration I	T. Date	
APPLICANTS M Certification: N Certification in o	MUST ALSO I	nEndorsement Endorsement State FICATION)	AL TRANSO # #	Expiration I Expiration I	T. Date Date	

ne best of my knowledge. I understand that if employed, falsified statements on this application hall be considered sufficient cause for dismissal.
igned: Date:
CONSENT: In keeping with my candidacy for employment, I hereby consent that any bonafide law enforcement gency be permitted to examine and obtain copies of all pertinent documents relating to my prior ositions of employment, education, and in addition, any and all other forms of documentation that hay address my background.
understand information gathered by any law enforcement agency will become property of the chool Administrative Unit #68 and will not be disclosed to myself and may not be disclosed to any ther person or police department without my express consent.
am willing that a photostat of this authorization be accepted with the same authority as the riginal.
igned: Date:
applications remain on file until December 31 of each year.
DFFICE USE ONLY
Date of Hire: Date Approved by Board:
Date of Reference Check: Date of Police Check:
tate of Pay: First Day of Work:
Number of Hours per day:
Position (be specific):
Employer Signature:

I hereby certify that the facts set forth in the above employment application are true and complete to