



WARWICK PUBLIC SCHOOLS

Teaching

PETER P. HOROSCHAK, Ed.D.
SUPERINTENDENT

34 WARWICK LAKE AVENUE
WARWICK, RHODE ISLAND 02889
TEL. (401) 734-3100
FAX (401) 734-3105
TTY 1-800-745-5558

Thank you for your interest in a career with Warwick Public Schools. To be considered for employment, the following materials must be returned to this office:

APPLICATION- Answer all questions, do not write "See Resume" or leave blank spaces

RESUME

UNDERGRADUATE TRANSCRIPT (SHOWING DEGREE CONFERRED) - copy is acceptable

GRADUATE TRANSCRIPT (SHOWING DEGREE CONFERRED) - copy is acceptable

THREE WRITTEN LETTERS OF REFERENCE

COPY OF RHODE ISLAND OR NRC TEACHER CERTIFICATE- if currently a student, student teaching cert. is acceptable

COPY OF SCORES FROM STATE CERTIFICATION OR LICENSING TEST, PLT, NTE or PRAXIS EXAM
(if taken/required)

ONLY IF HIRED, (either as a substitute or permanent employee), will you be asked to submit the following:

NATIONAL & STATE CRIMINAL BACKGROUND CHECK - if required, an official request will be issued to you.

SUBSTITUTE TEACHING POSITIONS.....

We would also welcome your services as a substitute teacher. If you are interested in substituting for the Warwick Public Schools, you must check "YES" to the appropriate question on the Application for Employment. Please note: we require the same application and documentation for substituting (see list above). Working as a substitute for the Warwick Public Schools will enable you to gain experience within our school system.

IMPORTANT INFORMATION.....

Your completed application will remain active for one (1) calendar year from application date. During this time, your application will be reviewed for any vacancies that occur in your area of certification. You will need to update your application annually (one year from application date), by completing a new application, updated resume and a copy of your certification to be considered for future employment. If you wish to submit new or additional information (i.e. new certification, additional letters of reference, change in employment, new course work) you may do so at any time.

Once again, thank you for your interest in Warwick Public Schools, we look forward to hearing from you soon.

Rev. 3/07

WARWICK PUBLIC SCHOOLS

34 WARWICK LAKE AVENUE

P. O. BOX 9507

WARWICK, RI 02889-9507

WWW.WARWICKSCHOOLS.ORG

APPLICATION FOR POSITION OF TEACHER

PLEASE PRINT CLEARLY. DO NOT LEAVE BLANK SPACES. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

NAME: last name first name middle

ADDRESS: street city state zip

TELEPHONE: SOCIAL SECURITY NUMBER:

EMAIL ADDRESS: (optional)

Teaching Position Applying For: Elementary () Secondary () Career and Technical () Special Services ()

Subject areas and grades you prefer to teach for which you are certified:

Kind of Certificate Held: Issued by What State?

Certificate Number: Expiration Date:

If your certification is out of state, have you applied for a R.I. Certification? YES NO

Certification is the teacher's responsibility, please check to see if your credentials are in order.

Are you interested in substitute assignments available while you are awaiting an opportunity for regular employment? YES NO

What is your present salary? Are you under contract for next year? YES NO

Have you ever been tenured in any Rhode Island Public School District? NO YES Which One?

Have you ever been convicted for any criminal offense? YES** NO

If yes, please give date, location and nature of conviction:

**Please see disclosure statement on back of application and please read instructions cover letter.

EDUCATION :

High School College Post Graduate

Name of School:

City, State

Years Attended:

Did you graduate?

Degree? (BA,BS etc)

Major Semester Hours: Minor Semester Hours:

As a government entity, and pursuant to Rhode Island General Laws sections 28-39-3 and 28-39-3.1, the Warwick School Department is subject to the Rhode Island Worker's Compensation Act with respect to all employees except certified teaching personnel.

NAME: _____ SOCIAL SECURITY NUMBER: _____

REFERENCES: Please submit names and addresses of at least three references. Persons named as references should be people under whom you have studied (for beginning teachers) or people under whom you taught. (Dept. Head, Principal, Supervisor etc.)

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	POSITION
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NAME	ADDRESS	CITY/STATE/ZIP	PHONE	POSITION
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NAME	ADDRESS	CITY/STATE/ZIP	PHONE	POSITION
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EMPLOYMENT HISTORY: List in chronological order all paid work experience (most recent first), Include teaching and non-teaching work experience. Use separate sheet if necessary.

Employer: _____ Job Title: _____
 Address: _____ Start Date: _____
 City/State/Zip: _____ End Date: _____
 Supervisor's name and title: _____ Reason for Leaving: _____
 Job duties performed: _____
 R.I. Public School? YES ___ NO ___ Number of teaching days per year? _____ Subjects: _____
 May we contact for a reference? () YES () NO Salary: _____

Employer: _____ Job Title: _____
 Address: _____ Start Date: _____
 City/State/Zip: _____ End Date: _____
 Supervisor's name and title: _____ Reason for Leaving: _____
 Job duties performed: _____
 R.I. Public School? YES ___ NO ___ Number of teaching days per year? _____ Subjects: _____
 May we contact for a reference? () YES () NO Salary: _____

Employer: _____ Job Title: _____
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 City/State/Zip: _____ End Date: _____
 Supervisor's name and title: _____ Reason for Leaving: _____
 Job duties performed: _____
 R.I. Public School? YES ___ NO ___ Number of teaching days per year? _____ Subjects: _____
 May we contact for a reference? () YES () NO Salary: _____

Please use a separate sheet for any additional information you feel may be useful to us in evaluating your application:

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRIOR TEACHING EXPERIENCE IN THE STATE OF RHODE ISLAND

LIST IN CHRONOLOGICAL ORDER YOUR TEACHING EXPERIENCE IN THE STATE OF RHODE ISLAND SINCE GRADUATION FROM COLLEGE. LIST EACH SCHOOL YEAR ON A SEPARATE LINE. START WITH YOUR MOST RECENT EMPLOYMENT AND INCLUDE ALL PERMANENT EMPLOYMENT AS WELL AS DAY TO DAY AND LONG TERM ASSIGNMENTS IN EVERY PUBLIC SCHOOL SYSTEM IN RHODE ISLAND. DO NOT INLCUDE STUDENT TEACHING, TUTORING OR SUMMER PROGRAMS. LIST THE ACTUAL NUMBER OF DAYS WORKED FOR EACH SCHOOL YEAR SEPARATELY. DO NOT LIST AS A NUMBER OF MONTHS OR AS YEARS, IT MUST BE DAYS.

THE INFORMATION SHOWN ON THIS FORM SHOULD BE ACCURATE AND COMPLETE. PLEASE CONTACT THE VARIOUS SCHOOL SYSTEMS YOU HAVE WORKED IN AND REQUEST WRITTEN CONFIRMATION OF THE ACTUAL DAYS WORKED FOR EACH SCHOOL YEAR. (IF YOU ARE HIRED, WE WILL REQUIRE YOU TO SUBMIT THIS DOCUMENTATION FOR PURPOSES OF DETERMINING YOUR APPROPRIATE STEP ON THE SALARY SCALE).

SCHOOL YEAR DATES FROM TO	NAME AND ADDRESS OF SCHOOL OR ORGANIZATION	TOTAL NUMBER DAYS WORKED	CHECK ONE
1. _____	_____	_____ days	Public () Private ()
2. _____	_____	_____ days	Public () Private ()
3. _____	_____	_____ days	Public () Private ()
4. _____	_____	_____ days	Public () Private ()
5. _____	_____	_____ days	Public () Private ()
6. _____	_____	_____ days	Public () Private ()
7. _____	_____	_____ days	Public () Private ()

WHAT IS YOUR SALARY REQUIREMENT? STEP: _____ DOLLAR AMOUNT: _____

DATE: _____ Name: _____
ADDRESS: _____
City/State/Zip: _____

Revised: 4/05 SIGNATURE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

PLEASE READ: DISCLOSURE....

It is understood and agreed that any false or misleading information given in my application or interview will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references, to secure additional information about me as necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment, and hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. **A photocopy of this release should be deemed the equivalent of an original for all purposes, including, but not limited to the confirmation of whether or not I have a criminal record.**

Signature of applicant: _____ Date: _____



WARWICK PUBLIC SCHOOLS

ROBERT J. SHAPIRO
SUPERINTENDENT

ROSEMARY HEALEY, ESQ.
DIRECTOR OF COMPLIANCE & HUMAN RESOURCES

34 WARWICK LAKE AVENUE
WARWICK, RHODE ISLAND 02889
TEL (401) 734-3070
FAX (401) 732-3081
TTY 1-800-745-5555
WWW.WARWICKSCHOOLS.ORG

Addendum to Application

I understand that if I am considered for a position with the Warwick Public Schools which requires action by the School Committee, it may be necessary for the School Committee to review my resume and credentials. I further understand that the School Committee usually conducts that review in executive or private session. I also understand that I have the right to have that review conducted in open or public session.

In the event that I am being considered for employment I choose to have the review of my resume credentials conducted:

(please choose one of the following)

_____ **Privately**

_____ **Publicly**

signature

date

APPLICANT DATA RECORD

Applicants are considered for all positions without regard to race, age, sex, sexual orientation, marital status, religion, color, national or ethnic origin, veteran status, medical condition or handicap, or any other legally protected status.

As an employer receiving federal funds, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out this Applicant Data Record. We appreciate your cooperation in this matter.

This data is being requested and maintained in the Human Resources Department for periodic government reporting and will be kept in a confidential file. **YOUR COOPERATION IS VOLUNTARY.**

(PLEASE PRINT) DATE: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: _____ ADVERTISEMENT _____ POSTING _____ EMPLOYMENT AGENCY
_____ WALK-IN _____ FRIEND _____ RELATIVE _____ OTHER _____

APPLICANT'S
LAST NAME: _____ FIRST NAME: _____ MI _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF THIS PORTION OF INFORMATION IS VOLUNTARY.

1. CHECK ONE OF THE FOLLOWING:
 - B WHITE MALE
 - C BLACK MALE
 - D HISPANIC MALE
 - E ASIAN OR PACIFIC ISLANDER MALE
 - F AMERICAN INDIAN OR NATIVE ALASKAN MALE
 - G WHITE FEMALE
 - H BLACK FEMALE
 - I HISPANIC FEMALE
 - J ASIAN OR PACIFIC ISLANDER FEMALE
 - K AMERICAN INDIAN OR NATIVE ALASKAN FEMALE

2. CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:
 - H HANDICAPPED INDIVIDUAL
 - V VIETNAM ERA VETERAN
 - M MILITARY VETERAN

3. DATE OF BIRTH: _____ AGE: _____
Month Day Year