FOR EXAMINERS ONLY

**PER SESSION ACTIVITY**

**EXAMINERS FOR MIDDLE SCHOOL MAGNET TALENT TESTING**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to properly process your request, you must submit the following information concerning your qualifications, experience, current and prior service in per session activities of the Department of Education. All applicants must fill out the section pertaining to other current (Sept.-June) school year per session service. All applications are to be filled out in accordance with the revision of Special Circular No. 5, dated June 19, 1978.

Application for Position in District 21

Name: Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number & Street Borough Zip Code

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned at Present to:

School Borough District Phone

License under which you are presently serving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your day school experience in chronological order beginning with your current position:

School Borough From To Grade or Subject Taught Phone

List Per Session Experience:

Year Program School District Position

I would like one of the following positions:

□ Art □ Athletic Program □ Creative Writing (Marking)

□ Dance □ Drama □ Creative Writing (Proctor)

□ Science □ Media □ Strings □ Winds

□ Vocal □ Mathematics

(\*) This Section Must be Completed

Other Current School Year (Sept 1st to Aug 31st) per session you will be employed in (including State and Federally funded programs); if none, so indicate.

Year Program Title of Position From To School

List teaching skills in special areas applicable to our program: (use reverse side if needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(Please print) Signature Date

2401 Neptune Avenue Brooklyn, New York 11224 (718) 266-0814 Fax (718) 266-1693