

TEACHING EXPERIENCE FORM

www.elhaynes.org

Name: _____ Date _____

EMPLOYMENT HISTORY

Full Years of Teaching Experience: _____

Have you ever taught at E.L. Haynes PCS? Y N

If yes, when and what did you teach? _____

Please list the schools where you have taught:

School	Position	Date/Duration	Other Responsibilities

HIGHLY QUALIFIED CRITERIA

Please list any certifications you have:

Subject	State	Type

Please list the Praxis exams you have passed:

Subject	Exam Number	Date

Application Form Continues on the Following Page.

Teaching Experience Form, Page 2

Please list any other Certifications, Licenses, Training, e.g. First Aid, Swim Instructor, Responsive Classroom, etc:

Type	Organization	Expiration Date

Please list any advanced degrees you have or are in the midst of completing:

Degree	Institution	Date

Please share any additional information not included above that is relevant to your expertise or employment history:

Please describe in detail any measurable gains your students have achieved.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____