



**School Union 69**  
**Hope-Appleton-Lincolnville**  
**PO Box 539**  
**2561 Atlantic Highway**  
**Lincolnville, ME 04849**  
**(207) 763-3818      Fax (207) 763-4262**

**Application for Teaching Position**

**Maine School Union 69 is an EOE and does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applying for: (grade level, subject, other)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When will you be available? \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Temporary Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Education: Transcripts of all college/university grades must be provided. It is essential that this section be completed accurately.

<u>College/University</u>	<u>Degree</u>	<u>Grad. Date</u>	<u>Years Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of semester hours in:

\_\_\_\_\_ Reading

Undergraduate Major: \_\_\_\_\_

\_\_\_\_\_ Math

Undergraduate Minor: \_\_\_\_\_

\_\_\_\_\_ Special Education

Graduate Major: \_\_\_\_\_

Certification:

<u>Type</u>	<u>State</u>	<u>Date Issued</u>	<u>Date of Expiration</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not hold a Maine certificate, for what type of Maine certificate are you applying and eligible?

_____
_____
_____
_____

**NOTE:** Candidates who do not hold Maine certification should direct an inquiry to the Maine Department of Education at <https://www.maine.gov/doe/cert>

Experience:

A resume must be provided. In addition to educational background and work experience include extra-curricular activities in which you have been involved. Please list below positions held, employer and dates of employment for the past ten years. Please account for any gaps in employment on a separate sheet.

<u>From (month/year)</u>	<u>To (month/year)</u>	<u>Position</u>	<u>Employer</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of years teaching experience: \_\_\_\_\_. On a separate sheet, please describe a specific class or class activity you planned and actually conducted which illustrates your philosophy of teaching and is the best example of your teaching skill. What evidence showed you that this class or activity was successful in terms of student motivation and achievement?

Background:

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes \_\_\_\_ No \_\_\_\_

Have you ever resigned from a prior position? Yes \_\_\_\_ No \_\_\_\_

Has your contract in a prior position ever been non-renewed? Yes \_\_\_\_ No \_\_\_\_

Have you ever not been nominated to re-employment in a prior position or ever had your nomination for re-employment not approved? Yes \_\_\_\_ No \_\_\_\_

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes \_\_\_\_ No \_\_\_\_

If you have answered YES to any of the previous questions, provide details on a separate sheet.

References:

List three, two of whom are most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Maine School Union 69 contacts in connection with my employment application to fully provide Maine School Union 69 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against Maine School Union 69, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include committee members, administrators, other staff, and members of the community. I give my consent to this disclosure.

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Signature

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Date

Application for Teaching Position Checklist:

The completed employment application cannot be evaluated unless all of the following materials have been provided:

- Application form fully completed.
- Copy of Maine Certification(s)
- Copy of college transcripts
- Resume
- Gap in employment during the past ten years explained
- Illustration of your philosophy of teaching
- YES to any of the questions in the background section explained
- Three current letters of reference
- Application signed
- Fingerprint approval, if available at this time

NOTE: All application materials become the property of Maine School Union 69. None will be returned. Providing any false or misleading information on this application or in the application of employment screening process shall be fully sufficient grounds to refuse to employ the applicant or, if the applicant has been employed, to immediately dismiss the applicant/employee.

NOTE: Employment cannot be finalized until the applicant has completed the requirements for complete background checks and fingerprinting as required by Maine State Statute.

Revised: September 16, 2022