

**NEW HAMPSHIRE SCHOOL ADMINISTRATIVE UNIT 67
BOW SCHOOL DISTRICT**

32 White Rock Hill Road, Bow, New Hampshire 03304

TEL: 603-224-4728

FAX: 603-224-4111

www.bownet.org

PROFESSIONAL APPLICATION (ADMINISTRATORS & TEACHERS)

APPLICATION OF:

NAME: _____

PRESENT ADDRESS: _____
Street City State Zip

UNTIL: _____ PHONE: _____

PERMANENT ADDRESS (If different): _____

PHONE: _____

POSITION APPLYING FOR: _____
(Please indicate grades or, if high school, subjects in order of preference and extracurricular activities.)

IN THE: _____
(Please indicate elementary, middle, or high school.)

DATE APPLICATION COMPLETED: _____

E-MAIL ADDRESS: _____

IT IS ESSENTIAL THAT YOU ATTACH A COPY OF YOUR

NEW HAMPSHIRE CERTIFICATION HERE

If you are not currently certified in the state of New Hampshire, please indicate your certification status:

State in which you are certified: _____ Expiration Date: _____

Endorsement Area(s): _____ Other: _____

(Enclose Copy)

FOR SAU 67 USE ONLY

Interview Data

SUPERINTENDENT

PRINCIPAL

OTHER

Initial / Date: _____

Initial / Date: _____

Initial / Date: _____

Election Date: _____ Salary: _____ Step: _____ Assignment: _____

EDUCATION *

Name of School and Location. Include College, Graduate Work, and Summer Sessions (LIST MOST RECENT LAST)	DATES ATTENDED: From: To:	DEGREE Conferred (please indicate MAJOR & MINOR)	Semester Hours Credit Beyond Degree
UNDERGRADUATE: _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____
GRADUATE: _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____

EMPLOYMENT *

EMPLOYER and location (List Most Recent First)	DATES EMPLOYED From: To:	GRADES OR SUBJECTS TAUGHT OR POSITION HELD	Please Indicate FULL OR PART-TIME (If Part-Time, # Hours Per Week)	REASON FOR LEAVING
 _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____
 _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____	 _____ _____ _____

TITLE IX COMPLIANCE STATEMENT

This school district receives federal financial assistance. This school district will not discriminate in their educational programs, activities, or employment practices on the basis of race, language, sex, age, or handicapping conditions under the provisions of Title IX of the 1972 Educational Amendments; Section 504 of the Rehabilitation Act of 1973.

Complaints regarding compliance with Title IX regulations should be submitted in writing to the Title IX liaison for New Hampshire School Administrative Unit 67, c/o Business Administrator, 32 White Rock Hill Road, Bow, NH 03304. Complaints regarding compliance with Rehabilitation Act of 1973 – Section 504 – should be submitted in writing to the Director of Special Education, Bow School District, 32 White Rock Hill Road, Bow, NH 03304.

Dr. Dean S. T. Cascadden
Superintendent of Schools

Have you ever been convicted of a crime (including driving while impaired or its equivalent, but excluding minor motor vehicle offenses) that has not been annulled by a court of law? Yes _____ No _____ If yes, please explain below:

Have you ever had your teaching credential revoked by any state? Yes _____ No _____ If yes, please explain below:

Note: A background check, including a criminal records check, will be completed on finalists.

I certify that the above information is true and complete to the best of my knowledge and belief. I understand that any statement I have furnished, which is shown to be false when made, will be cause for disregard of this application or will be cause for my immediate dismissal if I have been hired. I authorize SAU 67 to conduct any and all inquiries that it may deem necessary or advisable in order to verify the information provided by me and/or to supplement this information. I authorize any former employer or any other person, firm, corporation, credit agency, or government agency to provide SAU 67 with any information concerning me. In addition, I release such employer, person, firm, corporation, credit agency, or government agency from any previous agreement, verbal or written, which would prohibit the release of information pertinent to my application for employment within SAU 67. I release and hold harmless SAU 67, its school districts, and such providers of information about me from any liability which results from the furnishing and review of this information.

SIGNATURE OF APPLICANT

DATE SIGNED

Please submit complete application with all required attachments to:

MS. GAYLE THEOS, Administrative Assistant to the Superintendent of Schools
Bow School District – SAU 67
32 White Rock Hill Road
Bow, NH 03304
gtheos@bownet.org

Your application will be kept on file for three years.