

SUMMER

FOR OFFICE USE:

Vacancy Bulletin Number ___ Regular ___

Years of Experience ___ Substitute ___

PUTNAM COUNTY SCHOOLS
APPLICATION FOR SUMMER PROFESSIONAL PERSONNEL VACANCY
(You must complete one of these forms for each position for which you are applying.)

Name: _____ **Telephone Number:** _____

Address: _____ **Social Security Number: XXXX-XX-__-__**

_____ **Position/Location Applying for:** _____

Certification: List only endorsements that appear on your valid Professional Certificate. **Expiration Date:** _____

Endorsement/Grade Level	_____	Endorsement/Grade Level	_____
	_____		_____
	_____		_____

Highest Degree: AB__ MA__ DR__ Highest Degree in required certification: AB__ MA__ DR__

Current Status: Putnam County Full-time _____ Putnam Co. Substitute _____ New Applicant* _____

Years of Experience: Years of full-time experience in Putnam County _____

 Years of substitute experience in Putnam County (133 days/yr) _____

 Total years of educational experience _____

 Years of summer school experience in Putnam County _____

Seniority Date with Putnam County (See Professional Seniority/Licensure Report) _____

Experience in Required Certification Area: Subject/Grade Level	_____	Number Years	_____
	_____		_____
	_____		_____

All Applicants: Student teacher grade _____ Undergraduate GPA _____ Graduate GPA _____

Experienced Applicant:	Satisfactory ratings on previous two evaluations?	Yes ___ No ___
	Have you ever been on an improvement plan?	Yes ___ No ___

I have submitted a job vacancy application for the following positions and wish to be considered for these positions in the following order of preference (**This list MUST be the SAME on all bids submitted at the same time.**):

- | | | |
|----------|----------|----------|
| 1) _____ | 4) _____ | 7) _____ |
| 2) _____ | 5) _____ | 8) _____ |
| 3) _____ | 6) _____ | 9) _____ |

Use back of application to rank additional positions if necessary. I verify that the information submitted on this form is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

*Application for professional employment and required supporting documentation must be submitted as soon as possible if not already on file.