

Brainworks Teacher Application

Date _____

Name: _____ Telephone: (____) _____

Address: _____ City _____ Zip _____

Social Security #: _____ Phone (____) _____ Email: _____

Teaching Credentials: _____

Experience:

Year	Institution	Degree or Certification	Major/Minor

From	To	School	Phone	Principal	Subjects

Honors:

Academic: _____

Professional: _____

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Skills:

1. Diagnostic Testing

Experience: _____

2. Describe yourself as an organized person. _____

Community Activities: _____

Hobbies and Interests: _____

Salary Needs: _____

Available Hours (Days and Time): _____

Courses you have had in gifted and/or special education and your grades: _____

What are some specific characteristics of gifted children other than high IQ? _____

How do the emotional needs of the gifted differ from children of average intelligence?

What factors might lead to underachievement? _____

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How have you taught thinking skills in your classroom? _____

Who is your favorite gifted or special education authority, and what intrigues you about that person's work? _____

What training do you have for working with students who have learning disabilities?

What type of modifications have you made in your classroom to meet the needs of LD students? _____

Why do you like the teaching profession _____

When could you start if hired? (Schedule) _____

What conflicts would you have Monday - Saturday? _____

What conflicts would you have in the summer? _____

Are you willing to work on writing projects and give workshops in your field of experience?

Is there a minimum number of hours per week you must have? _____

Define _____

TEACHING REFERENCES

List people who can discuss your teaching skills.

Name	Institute	Phone
1.		
2.		
3.		

How does this person know you?

- 1. _____

- 2. _____

- 3. _____

How do you feel you can be an asset to the Brainworks program? _____

How long are you interested in part-time employment? _____

What would you like to be doing two years from now? _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

No: _____ Yes: _____ If yes, please explain: _____

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five years?

No: _____ Yes: _____

Are you willing to undergo a background screening? No: _____ Yes: _____

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

Signature: _____ Date: _____

Printed Name: _____