

VERNON PUBLIC SCHOOLS

Application

Internship, Job Shadow, Observation & Student Teaching

Name:	_____	_____	_____		
	(Last)	(First)	(M.I.)		
Address:	_____	_____	_____	_____	_____
	(Street)	(Apt.)	(City)	(State)	(Zip)
Contact Info:	_____	_____	_____		
	(Home phone)	(Cell phone)	(Email address)		
Indicate what you are applying for:	<input type="checkbox"/> Internship	<input type="checkbox"/> Job Shadow	<input type="checkbox"/> Observation	<input type="checkbox"/> Student Teaching	
Indicate area & grade(s) of interest:	_____	_____			
	(Subject/occupation of interest)	(Grade(s) of interest)			
Indicate assignment duration:	_____	_____			
	(Assignment start date)	(Assignment end date)			
Indicate school and degree program:	_____	_____			
An <u>un</u>official transcript is required	(College/University)	(Program of study)			
Program Contact:	_____	_____	_____		
	(Name)	(Phone #)	(Email address)		

Connecticut Public Act 93-328 – An Act Concerning Applicants for School Employee Position:

The Vernon Public School District has a responsibility to comply with Federal and State mandated regulations. For the **safety of our children**, we ask your cooperation in completing the following information to help us meet the requirements pursuant to Connecticut General Statutes, even though you are not actually an employee of VPS.

1. Were you ever known by any **other name**? Yes No _____
(If **Yes**, please list name(s))
2. Have you ever been **convicted** of a crime, either within or outside of CT? Yes No
If **yes**, please attach a separate sheet of paper indentifying the approximate date, location and nature of each conviction.
3. Are any criminal charges **pending** against you either within or outside the State of CT? Yes No
If **yes**, please attach a separate sheet of paper indentifying the jurisdiction in which charges are pending, the nature of the charges and an explanation.

Agreement:

As a guest of the Vernon Board of Education, I agree to act within the scope of the duties assigned by the area supervisor.

Furthermore, I hereby certify that there are no willful misrepresentations or falsifications of the statements and answers to questions in this application. I am aware that should investigation of this application disclose such misrepresentation or falsification that would in any way endanger children or inhibit the mission of the Vernon Public Schools, the authorization to continue field/course work in the school system will be withdrawn immediately.

Applicant's Signature

Date

District Use Only:

Placed Location: CRS LHS LSS MSS NES RHS SRS VCMS

Teacher/Mentor: _____

Documents Received: Resume Unofficial Transcript DCF Background Check
 Fingerprint Release/Disclosure and Release form

Not Placed

Reason: _____