



WEST BRIDGEWATER PUBLIC SCHOOLS
Spring Street School, 2 Spring Street
West Bridgewater, MA 02379
Telephone: (508)894-1230 Fax: (508)894-1232

APPLICATION FOR TEACHING POSITION

Date: _____

Last Name *First Name* *MI*

Present Home Address *Telephone*

Present Business Address *Telephone*

Position Desired *Desired Grade Level*

All Applications must include the following:

1. Completed Application Form
2. Letter of Application
3. Resume
4. Copy of All Licenses/Certifications
5. Three Letters of Reference
6. College Transcript if less than 5 years experience

Please return completed applications to:

**Superintendent of Schools
Spring Street School
2 Spring Street
West Bridgewater, MA 02379**

PROFESSIONAL EXPERIENCE:

(Please list all experiences in the field of education beginning with your most recent employment)

Dates From/To	Number of Years	Position	Organization, District/Community

REFERENCES: These should be persons qualified to give any information to show your fitness for the position you seek. Please include school officials, previous employers, as well as character references. **Note: Three letters of recommendation are required.**

NAME	ADDRESS and PHONE	OCCUPATION
1.		
2.		
3.		

1. Please list any professional skills you possess that would be of value in the position you seek:

2. List college and/or community activities engaged in and any honors received:

3. Please add any other significant information that you feel is applicable to the position for which you are applying: