



THOMAS  
MACLAREN  
SCHOOL

## APPLICATION FOR LOWER SCHOOL TEACHING ASSISTANT

Please print all information and answer every question.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

When can you start? \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

### POSITION DESIRED

Position Title: \_\_\_\_\_

Circle One: FULL TIME PART TIME EITHER

### EDUCATIONAL BACKGROUND

	Name and Location	Degree or Diploma Obtained	Subject Area	Dates
High School or GED				
College or University				
Post-Graduate Studies				
Additional Educational Coursework				

**A bachelor's degree is not required; however, if you have any of the following qualifications, please list them below:**

- A. 4-year college degree(s) in \_\_\_\_\_  
 a. In what (other) general disciplines do you have at least 36 semester units? \_\_\_\_\_
- B. Do you hold a current Colorado Certificate/License Yes ( ) No ( )  
 a. If yes, what type? \_\_\_\_\_

b. If no, do you hold a current Certificate/License in another state? Yes ( ) No ( ) If yes, what state? \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List all of your current and previous positions (paid and unpaid) in chronological order starting with the most recent. Please complete this section and attach additional sheets as needed even if you submit a resume.

1. **Employed From** \_\_\_\_\_ **To** \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Would you like to be notified before we contact your present employer?      YES      NO
2. **Employed From** \_\_\_\_\_ **To** \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
3. **Employed From** \_\_\_\_\_ **To** \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
4. **Employed From** \_\_\_\_\_ **To** \_\_\_\_\_  
Company Name \_\_\_\_\_ Your Title \_\_\_\_\_  
Address \_\_\_\_\_ Your Department \_\_\_\_\_  
City & State \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_  
Supervisor's Name and Title \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## REFERENCES

Give three or more references who can attest to your character, personality and work history. Do not include family members or supervisors listed on the previous page.

Name and Position	Address	Telephone Number

Have you worked or attended school under any other name? \_\_\_\_\_

## OTHER QUESTIONS

1. Has anyone ever accused you of physical abuse, sexual abuse, or sexual harassment? \_\_\_\_\_YES\_\_\_\_\_NO

If yes, give a short explanation of the complaint in the space below. Please indicate the date, nature and place of the incident leading to the accusation, and the disposition of the matter.

2. Have you ever been convicted of a felony, regardless of the disposition of any such matter? \_\_\_\_\_YES\_\_\_\_\_NO

If yes, give a short explanation of the incident in the space below. Please indicate the date, nature and place of the incident, the disposition of the allegations, and your employer at the time, including your employer's name, address, and telephone number.

3. Has any employer ever counseled you, reprimanded you, disciplined you, or terminated your employment or have you ever terminated your own employment for reasons related to physical or sexual abuse by you, sexual harassment by you, your unsafe driving record, your theft, or your mishandling of monies or company property? \_\_\_\_\_YES\_\_\_\_\_NO

If yes, give a short explanation of the allegations in the space below. Please indicate the date, nature, and place of the allegations, the disposition of the allegations, and your employer at the time, including employer's name, address and telephone number.

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4. Please answer the following questions. Attach additional pages as needed.

*Why are you an ideal candidate to be a Teaching Assistant at Thomas MacLaren School?*

*How would you describe your ability to assist students with reading and math?*

*What has your experience been with working with elementary school students?*

*Is your strength working with students with academic or behavioral support?*

*What do you see as your greatest strengths? What do you see as your greatest weaknesses?*

## **APPLICANT'S DECLARATION, AUTHORIZATION AND RELEASE**

My answers on this application and on any resume I provide are complete and true. I understand that the submission of any false or incomplete information in connection with my application whether on this or other documents or in interviews, will be cause for the rejection of my application or the termination of my employment at any time. I authorize the Employer and its agents to verify any information related to my application or resume. I also authorize and direct individuals, schools, employers, and law enforcement or government officials to freely provide any information concerning my background, and hereby release any and all of them from any liability for doing so. If I am employed, I understand that I will be employed on an at-will basis for an indefinite period of time and that my employer may terminate my employment at any time and for any reason.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

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**For Human Resources Department Use Only**

First Interview \_\_\_\_\_  
*Name of Interviewer* *Date*

Observations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Second Interview \_\_\_\_\_  
*Name of Interviewer* *Date*

Observations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed:    YES    NO            Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
*Name and Title*