

# Spotsylvania County Public Schools

## Application for Student Teaching and/or Practicum

*Directions:* All eligible candidates must complete an application and be approved by the Spotsylvania County School Human Resources administration prior to seeking any placement. Each candidate will be assigned an appropriate placement based on school division selection. All **student teaching** candidates must submit the results of a TB skin test along with this application and will undergo a background check. (Spotsylvania County Schools is an Equal Opportunity Employer.)

Name: \_\_\_\_\_ Home# \_\_\_\_\_

Address: \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

City                      State                      Zip

College/University Attending: \_\_\_\_\_

Anticipated Degree & Major: \_\_\_\_\_

Professor/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Experience Sought:    \_\_\_ Student Teaching            \_\_\_ Practicum             \_\_\_ # of Hours

1<sup>ST</sup> Placement Anticipated Start Date: \_\_\_/\_\_\_/\_\_\_            End Date: \_\_\_/\_\_\_/\_\_\_            \_\_\_\_\_

2<sup>nd</sup> Placement Anticipated Start Date: \_\_\_/\_\_\_/\_\_\_            End Date: \_\_\_/\_\_\_/\_\_\_            \_\_\_\_\_

Desired Level: 1<sup>st</sup> Placement -- School: \_\_\_\_\_ Grade/Subject Requested: \_\_\_\_\_

2<sup>nd</sup> Placement -- School: \_\_\_\_\_ Grade/Subject Requested: \_\_\_\_\_

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes    No

If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.

Have you ever been convicted of violation of law other than minor traffic violations? Yes    No

If yes, attach a letter of explanation and a copy of court documents indicating judgment and disposition of the case from the court of conviction.

I understand that any omission, misrepresentation, or false statement made on this application or any supplement to it will be considered sufficient grounds for my application not to be considered, or disciplinary action including dismissal should I become employed with Spotsylvania County Public Schools. Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Department of Human Resources Use Only:** Human Resources Approval: Yes No \_\_\_\_\_

Human Resources Administrator                      Date

1<sup>st</sup> Placement: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ School Phone: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

Administrative Contact: \_\_\_\_\_ Email: \_\_\_\_\_

2<sup>nd</sup> Placement: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_ School Phone: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_ Email: \_\_\_\_\_

Administrative Contact: \_\_\_\_\_ Email: \_\_\_\_\_