

DAPSS



Application

801 North DuPont Highway
 New Castle, DE 19720
 Telephone (302) 322-6050
 Fax (302) 322.4029
www.dapsscharterschool.org

Name			last	first	middle
Address					
Home Phone:		Cell:		E-mail:	
POSITION FOR WHICH YOU ARE APPLYING					
POSITION			DO YOU HOLD A DELAWARE CERTIFICATION?		
			YES	NO	
			YES	NO	
			YES	NO	
PLEASE ENCLOSE COPIES OF ALL CERTIFICATES					
Do you hold a certification in another state?			YES	NO	
If yes, what areas?					
PLEASE ENCLOSE A COPY OF THE PRAXIS TESTING					
			Date	Score	
Reading					
Math					
Writing					
Specialty Area:					
Specialty Area:					
Are you "Highly Qualified" in any area?			YES	NO	
If yes, in what area(s)?					
Are you "Nationally Certified" in any area?			YES	NO	
If yes, in what area(s)?					
EDUCATION					
SCHOOL		CITY/STATE		DEGREE	

It is the policy of **THE DELAWARE ACADEMY OF PUBLIC SAFETY AND SECURITY** not to discriminate on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap in its education program, activities or employment.

COMMENTS:

TEACHING EXPERIENCE

SCHOOL	CITY/STATE	GRADE/SUBJECT	DATES

REFERENCES

Please list persons whom we may contact for information concerning your professional competence. Only professional references qualify. List your supervisor or cooperating teacher if you have less than 3 years teaching.

POSITION	NAME	EMAIL	TELEPHONE

I HEREBY AUTHORIZE DELAWARE ACADEMY OF PUBLIC SAFETY AND SECURITY TO REQUEST VERIFICATION OF STATEMENTS MADE BY ME ON THIS EMPLOYMENT APPLICATION. I ALSO GIVE PERMISSION OF ANY OF MY FORMER EMPLOYERS TO RELEASE INFORMATION REQUESTED BY DELAWARE ACADEMY OF PUBLIC SAFETY AND SECURITY. I RELEASE SUCH EMPLOYERS AND THE DELAWARE ACADEMY OF PUBLIC SAFETY AND SECURITY FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION. I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSE STATEMENTS OR WITHHOLDING ANY INFORMATION COULD SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Applicant's Signature

Date

Please send hard copies of a cover letter, resume, teaching certificate, and this completed application to:

Head of School
 Delaware Academy of Public Safety & Security
 801 North DuPont Highway
 New Castle, DE 19720
 (302) 322-6050
 (302) 322-4029 Fax
 employment@dapss.k12.de.us

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