

TEACHING EMPLOYMENT/LICENSING DENIALS

NAME: _____

LAST
FIRST
MIDDLE
SOCIAL SECURITY #

(Provide name under which employment/licensing problem occurred, if different from above.)

ADDRESS: _____

STREET
CITY
STATE
ZIP

TELEPHONE NUMBER
EMAIL ADDRESS

INFORMATION: The District has a responsibility to children and the public which requires that applicants with teaching employment and/or licensing denials be carefully reviewed before actual consideration for employment.

INSTRUCTIONS: Employment/Licensing Denial - In the space provided, give complete and accurate details of teaching employment and/or licensing denial and/or adverse action initiated. Although you may have been informed of clearance, you must list all employment and/or license denials and/or adverse action initiated. Please list in reverse chronological order.

PROVIDE THE FOLLOWING FOR EACH EMPLOYMENT/LICENSING DENIAL				IDENTIFY EMPLOYMENT/LICENSING DENIAL PENDING OR CLEARANCE
DATE	CITY	STATE	SCHOOL/DISTRICT	

OFFICE USE		
ACTION	DATE	AUTHORIZED

I have listed all my employment and/or licensing denials and certify that the above is true and correct. My signature below authorizes a District representative to obtain employment and/or licensing denial information.

SIGNATURE _____
DATE

