



A. Background Information

Name _____

Address _____

Permanent Address (if different) _____

Telephone: Home/Campus: _____ cell _____

Email _____

Birth date _____ Birth Place _____

Area of Certification _____

Languages spoken other than English _____

Program: Undergraduate Graduate

B. Placement

Applying for placement in Spring 20____ Fall 20____

Placement District: Orange Seminole

Desired Placement Level:

Elementary: K 1 2 3 4 5

Secondary: Middle School (6th-8th Grades) High School (9th-12th Grades)

School Choices:

1. _____

2. _____

3. _____

C. Education Record:

High School (s)	City/State	Graduation Date
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_____	_____	_____
_____	_____	_____

College(s)	City/State	Graduation Date
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_____	_____	_____
_____	_____	_____



Please type and add attachments as needed.

D. Work Experience: *(Give place, type, and dates of employment and a brief description of your job requirements)*

E. Experience with Children:

*Briefly describe your experiences working with children.
(one or two paragraphs)*

F. Personal and Professional Interests and Activities (*clubs, hobbies, etc.*)

G. General Teaching Statement

Describe why you want to become a teacher, the factors which influenced your decision, your professional goals, and why you have chosen to work with the specific level of students you chose.

H. FTCE (Florida Teacher Certification Exams) Requirements

	Date Taken	Passed?	Registered to take exam
GK (General Knowledge)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
PED (Professional Education)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
SAE (Subject Area Examination)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

I. Character References for _____

Please type name of applicant

This is to certify that I have known the above named person for ____ years. From this acquaintance and association, I certify that s/he is of good moral character. I recommend her/him for a position in the Florida schools.

Advisor
 Professor
 Education Faculty
 Other _____

 Signature of person making recommendation Printed name of person making recommendation

 Position/Title (print) Date

This is to certify that I have known the above named person for ____ years. From this acquaintance and association, I certify that s/he is of good moral character. I recommend her/him for a position in the Florida schools.

Advisor
 Professor
 Education Faculty
 Other _____

 Signature of person making recommendation Printed name of person making recommendation

 Position/Title Date

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Advisor
 Professor
 Education Faculty
 Other _____

 Signature of person making recommendation Printed name of person making recommendation

 Position/Title Date

Signature of Student

Date

Signature of Director of Field Internships

Date