

PRODEO

A C A D E M Y

APPLICATION (PLEASE PRINT OR TYPE)

POSITION(S) DESIRED _____

NAME _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER¹

PRESENT ADDRESS _____

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

PERMANENT ADDRESS _____

STREET

(AREA CODE) TELEPHONE

CITY

STATE

ZIP CODE

E-MAIL ADDRESS _____

CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID MINNESOTA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN A MINNESOTA CERTIFICATE IN ORDER TO TEACH IN MINNESOTA PUBLIC SCHOOLS.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED

REFERENCES

REFERENCES SHOULD INCLUDE SUPERINTENDENTS, PRINCIPALS, OR PROFESSORS WHO HAVE FIRST-HAND KNOWLEDGE OF YOUR PROFESSIONAL COMPETENCE AND YOUR PERSONAL QUALIFICATIONS. EXPERIENCED TEACHERS SHOULD INCLUDE THE PRINCIPALS OF THE TWO MOST RECENT SCHOOLS IN WHICH EMPLOYED.

NAME	POSITION	ADDRESS	TELEPHONE

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. WHY ARE YOU INTERESTED IN TEACHING AT PRODEO ACADEMY?

2. PLEASE DESCRIBE YOUR MOST CHALLENGING ACADEMIC OR PROFESSIONAL EXPERIENCE AND YOUR RESPONSE TO THAT EXPERIENCE.

3. PLEASE TELL US ABOUT A TIME THAT YOU HAVE RECEIVED CONSTRUCTIVE DIRECT FEEDBACK, YOUR REACTION TO THAT FEEDBACK, AND THE CHANGES THAT YOU MADE.