**CAREER IN TEACHING~~APPLICATION FOR LEAD TEACHER-Mobil Mental Health Support**

 **You are applying for the position of CIT Lead Teacher-Mobil Mental Health Support**

* **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE ID NO**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREFERRED HOME TELEPHONE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Current Tenure Area**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tenure Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent/Professional Certification(s) Held**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The CIT Governing Panel may request to review your annual performance evaluations as part of the
selection process: [ ]  **I do consent.** [ ]  **I do not consent.**
* **Teaching (Social Work, Counseling, etc.) Experience: List most recent teaching or clinical experience first. Minimum requirement is 7 years with at least 5 full years in the Rochester City School District as of the date that the Lead Teacher position begins. A resumé of up to two pages may be submitted with this application.**

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| **Inclusive Dates****(Start with most recent.)** | **School/Work Location** | **Subject Area****or Grade Level** | **No. of****Years** | **Name of Principal or Supervisor** |
| **From MM/YY** | **To MM/YY** |
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* **SIX confidential references are required to complete this application.** Please include support providers in your field and classroom teachers that are knowledgeable about your professional performance. List the names and phone numbers of individuals who will be completing confidential reference forms. Please complete the heading on the form before distributing to your confidential references. ***Forms must be sent directly to the CIT office*.**

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| **POSITION** | **NAME** | **Position/Location** | **Phone Number** |
| **Current Principal** |  |  |  |
| **RTA Faculty Rep.** |  |  |  |
| **Teacher or Social Worker** |  |  |  |
| **Teacher or Social Worker** |  |  |  |
| **Teacher or Social Worker** |  |  |  |
| **Other** (may include other colleague, staff member, parent, student, community member, etc.) |  |  |  |
| **Other Supervisor (optional)** |  |  |  |

 **(over)**

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| **APPLICANT’S STATEMENT:**Please include in your statement why you desire this position of **Lead Teacher-Mobil Mental Health Support** and how your experience and training have qualified you for this position. Indicate in your statement how professional development has expanded your knowledge and skills in ways that support your interest in guiding colleagues. |

**Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**All applications and references are confidential. Applications will be reviewed by the CIT Joint Governing Panel where decisions are made on who will be interviewed. The CIT Panel may request to observe your teaching performance. Applications must be received on or before the close of business on the date specified in the job description.**

*The Rochester City School District is an equal opportunity employer. By Board of Education policy, and in accordance with Title VII*

*of the Civil Rights Act of 1964 and 1972 amendments; with Title IX of the Education Amendment of 1972, and section 504 of the Rehabilitation Act of 1973; the district prohibits discrimination on the basis of national origin, race, sex, religion, age, and handicapping condition in its hiring and promotional procedures.*

 **Return to: CIT Office, located at 131 West Broad Street; Room 2E-22
or email to** **CIT@rcsdk12.org** **(emailed applications are preferred).**