

Return Application to:

Traineeship Program
Northern Kentucky University
245 Johns Hill Road
Highland Heights, KY 41099

**PART C
REGULAR TRAINEESHIP APPLICATION
Certification and Employment Data**

(To be completed by first-time applicants only
UNLESS changes occur in your employment status.)

NAME: _____
(last) (first) (middle)

HOME ADDRESS: _____
(street) (city) (state) (zip)

CURRENT DISTRICT OF EMPLOYMENT: _____
Emergency/Probationary _____ Alternative Certification Program _____

CURRENT POSITION: _____
(subject/exceptionality taught) (grade level)

CURRENT TEACHING CERTIFICATION:
**(You Must attach a copy if you have a
current teaching certificate.)**

LEVEL/AREA: _____

CERTIFICATE NUMBER: _____

DATE OF EXPIRATION: _____

FOR OFFICE USE ONLY:

EDUCATION:

Degree Earned	Name of Institution	Major	Date Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYMENT:

Teaching Position (Area/Level)	Place of Employment	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

"VERIFICATION OF EMPLOYMENT STATUS" (MUST BE COMPLETED BY THE SUPERINTENDENT)

I verify that the above named applicant is employed as a special education teacher or special education administrator in this district for the 20__/20__ school year. The completion of special education certification by this person (a) is ___ critical OR (b) is ___ not critical to meet an immediate special education personnel need in this district.

Please explain:

SIGNATURE: _____ DISTRICT: _____ DATE: _____
(District Superintendent)