

~~TEACHER~~ TEACHER - List your experience below, if applicable.

| SCHOOL | PHONE NUMBER | GRADE/SUBJECT | LENGTH OF TIME | | PRINCIPAL/SUPERVISOR |
|-------------|--------------|---------------|----------------|------------|----------------------|
| | | | From Mo./Yr. | To Mo./Yr. | |
| Galaxy M.S. | | 6-8 Speech | 06/93 | 06/98 | Judy Tabasco |
| DeLano H.S. | | 9-12 Reading | 08/89 | 06/92 | Lee Britton |
| | | | | | |

WORK EXPERIENCE OTHER THAN TEACHING - List below. Attach separate sheet if necessary.

| | | | |
|---|---|---|--------------------|
| NAME OF COMPANY Peacock Arabians Inc | DATES EMPLOYED (Mo. & Yr.) From 1984 To 1989 | ADDRESS P.O. Box 229259 Glenwood, FL 32722 | TELEPHONE 32722 |
| POSITION/TITLE Owner/President | YOUR SUPERVISOR (Name & Title) None | RESPONSIBILITIES Self employed | |

Reason for Leaving:

| | | | |
|-----------------|---------------------------------------|------------------|-----------|
| NAME OF COMPANY | DATES EMPLOYED (Mo. & Yr.) From To | ADDRESS | TELEPHONE |
| POSITION/TITLE | YOUR SUPERVISOR (Name & Title) | RESPONSIBILITIES | |

Reason for Leaving:

| | | | |
|-----------------|---------------------------------------|------------------|-----------|
| NAME OF COMPANY | DATES EMPLOYED (Mo. & Yr.) From To | ADDRESS | TELEPHONE |
| POSITION/TITLE | YOUR SUPERVISOR (Name & Title) | RESPONSIBILITIES | |

Reason for Leaving:

REFERENCES - List three (3) persons to whom you are sending the enclosed reference forms.
Two must be from recent employers. May we contact your present employer? Yes No

| NAME | NAME OF SCHOOL/BUSINESS | ADDRESS | PHONE NUMBER | JOB TITLE | YOUR SUPERVISOR? |
|--------------|-------------------------|-----------------|-------------------------|-----------|---|
| Ron Pagano | Atlantic H.S. | Vo. Co. Schools | ³⁸⁶ 322-6100 | Principal | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Craig Zablo | " " " | " " " | " " | A.P. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Sue Schilsky | District Staff | " " " | ³⁸⁶ 734-7190 | A.P. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

