

## APPLICATION CHECKLIST

Applicant's Name \_\_\_\_\_

Date of interview \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Resume

\_\_\_\_\_ Completed over Application

\_\_\_\_\_ Copy of RI Certified Teaching Certificate

\_\_\_\_\_ Official transcripts

\_\_\_\_\_ Copy of PTL Scores-Qualifying Scores

\_\_\_\_\_ Discrimination Form

\_\_\_\_\_ References (3 letters if required)

\_\_\_\_\_ TB Test Results (no older than 6 months)

\_\_\_\_\_ Proof of Immunization (MMR) If applicable\*

\*Persons born after 1956

\_\_\_\_\_ W-4

Employee's Withholding Allowance Certificate

\_\_\_\_\_ **I-9 Form including two (2) forms of ID**

U.S. Department of Justice Immunization and Naturalization Service

\_\_\_\_\_ Criminal Background Check

**For office use only**

Signature \_\_\_\_\_

Date \_\_\_\_\_