

PROFESSIONAL PERSONNEL
APPLICATION FOR TRANSFER

MONROE COUNTY SCHOOLS
P. O. BOX 330
UNION, WV 24983

Name _____
Address _____ Phone _____
Current Position _____ Location _____
Position Applying For _____ Location _____

STANDARDS OF THE POSTING:

Certification Required (as listed on the job posting) _____
Special Criteria or Skills (as listed on the job posting) _____

Do you meet the standards above as listed in the job posting? Yes No

If yes, for classroom teacher positions, list ALL relevant qualifications as required in West Virginia Code §18A-4-7a.

1. Certification and/or licensure _____
2. Total teaching experience in private or public schools. _____ Years
3. Teaching experience in the required certification area _____ Years
4. Degree level in the required certification area. Bachelors Masters Doctorate
5. Specialized training directly related to the performance of the job as listed on the job posting.
Training _____ Date(s) _____ Provided by _____
Training _____ Date(s) _____ Provided by _____
Training _____ Date(s) _____ Provided by _____

6. Overall rating of satisfactory in evaluations in the previous two evaluations as per §18A-2-12. Yes No

7. Amount of teaching experience in the subject area: _____ Years

8. Seniority date – First work date _____ Date

9. The amount of **course work** in the relevant field _____ Years

10. Academic achievement in the relevant field _____ GPA

11. Meets requirements of No Child Left Behind Highly Qualified Teacher Status by fulfilling one of the following:

1. **Praxis Scores:** PPST: Mathematics Reading Writing
Praxis II: Principles of Learning and Teaching :

Praxis Content Content : _____ Score _____
Content : _____ Score _____

2. **Academic Major:** 21 semester hours of coursework in the core academic subject.

Number of undergraduate semester hours in required subject area _____ Hours

Number of graduate semester hours in required subject area _____ Hours

The information provided in this application for transfer is true, correct, and complete.
I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies. I understand that if I am employed, any misstatement or omission of fact on this application may result in disciplinary action.

Signature Required

Date: _____ Applicant Signature: _____