

**FORM 100 – TEACHER CANDIDATE INFORMATION FORM**

To be completed by the teacher candidate and forwarded to the Education Department Staff Assistant by the end of the second week of the internship.

Teacher Candidate: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Area(s) of Certification (Major): \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Current Status (Circle one): Senior Undergraduate Undergraduate Certification Only  
Alternative 5<sup>th</sup> Year Certification Graduate Certification Only Other (specify) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Current email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Permanent email Address: \_\_\_\_\_

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Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Current place of employment: \_\_\_\_\_

What hours do you work? \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you plan to work during the internship? (If yes, explain) \_\_\_\_\_  
\_\_\_\_\_

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Do you have any medical or health problems? \_\_\_\_\_

If yes, describe \_\_\_\_\_  
\_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other important events, contact people or information you wish to add:

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Signed: \_\_\_\_\_