Long Island University Center for Gifted Youth
Teacher Application Form

To be considered for current teaching openings with the Center for Gifted Youth, please complete the following application and either mail or fax it to our office along with a current resume and cover letter.

Attention: Dr. Madelon Solowey, Director
Address: Long Island University Center for Gifted Youth
C.W. Post Campus, School of Education
720 Northern Boulevard
Brookville, NY 11548-1300
Phone: 516-299-2160
Fax: 516-299-3323
Email: gifted@cwpost.liu.edu

I. Position(s) Applied For: _____

_____

II. Personal Information:

Last Name _____ First Name _____ MI _____

Social Security # _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

School Name _____

School Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____

III. Education:

List the degrees you possess:

Type: _____ Subject: _____ Date: _____

Institution: _____

Type: _____ Subject: _____ Date: _____

Institution: _____

IV. Describe yourself as a teacher. Summarize the qualities you possess that would contribute to your success as a teacher of the gifted in the position(s) applied for above.

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V. References:

List below the names and addresses of three professional references, at least two of whom should be supervisors/administrators you have worked for within the last five years.

Name	Relationship	School/Address	Phone #

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