

Reference: (Please provide name, address and official position)

1. _____
2. _____
3. _____

I understand that falsification of information on this application form may be grounds for dismissal.

Applicant Signature: _____ Date: _____

Return application to:

Michael L. McKee
Superintendent of Schools
Stonington Public Schools
PO Box 479
49 North Stonington Road
Old Mystic, CT 06372