

Rock Creek U.S.D. 323

201 S. 3rd Street, P.O. Box 70
Westmoreland, KS 66549-0070
(785)457-3732, (785)457-3701 Fax

**Application For Employment
CERTIFIED POSITION**

(The information provided herein becomes a part of the employee's personnel record if employed by this district. Credentials, transcripts, résumé and copy of appropriate certification must be on file with this application for an applicant to be considered for any vacancy in U.S.D. 323. Substitute teacher applicants submit a copy of certification and District employment papers.)

Name: _____ Date: _____
Last First Middle

Please check location where you prefer to be contacted:

[] Professional Address: _____ [] Home Address: _____

Phone: _____ Phone: _____
Cell: _____

Social Security Number: _____ Email: _____

Can you perform the essential job functions as outlined in the job description for which you are applying?

Have you ever been convicted of a felony or any offense involving moral turpitude? If so, when, where, and nature of offense?

Will you receive KPERS retirement benefits in the next year? _____

District Office Use Only
____ Application
____ Letter of Application
____ Resume
____ Credentials
____ Transcripts
____ Certification

Check appropriate blanks:

Candidate: _____ Teacher
_____ Counselor
_____ Other (Specify) _____
Level: _____ Elementary
_____ Junior/Senior High
Area (Specify) _____

U.S.D. 323 is an equal opportunity employer and does not discriminate in its employment practices and policies with respect to compensation, terms, conditions or privileges of employment because of such individual's race, color, religion, sex, age, disability or national origin.

PROFESSIONAL DATA

Are you presently under contract with any school district? _____

If so, when does your contractual obligation expire? _____

CERTIFICATION: (√)

Kansas _____ Other State (specify) _____ Expiration Date _____

Endorsement	Level	Field/Subject

Education:

List all secondary schools, colleges and universities from which you received a diploma/degree.

High School, College/University	Location	Dates Attended	Diploma/Degree

MAJOR FIELD:

_____ # Undergraduate Hours _____ #Graduate Hours

MINOR FIELD:

_____ # Undergraduate Hours _____ #Graduate Hours

Significant workshop or seminar information:

College honors and activities:

Plans for future professional development:

TEACHING/SCHOOL RELATED WORK EXPERIENCE

List most recent experience first. Include student teaching if you have less than three years teaching experience.

<i>Name and Address of Employer</i>	<i>Immediate Supervisor</i>	<i>Grade/Subject Taught</i>	<i>From: To:</i>	<i>Total Years</i>

List activities you are qualified for and willing to supervise or coach in addition to your teaching duties.

OTHER WORK EXPERIENCE

<i>Name and Address of Employer</i>	<i>Immediate Supervisor</i>	<i>Duties</i>	<i>From: To:</i>

REFERENCES

List current references we may contact regarding your ability and your past performance. Please do not include the names of persons listed on your credentials.

Name	Address	Phone	Nature of Association

ADDITIONAL INFORMATION

State briefly your reasons for wishing to be an educator in this district.

Give a description of yourself, stressing those personal qualities which characterize your work in your present position. This will also apply if you are a student.

Describe any experiences which have significantly contributed to your abilities for the position you are seeking.

Provide additional information which would further support your application.

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.

I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.

I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

Applicant's Signature

Date

(Revised 9/13/06)