

USD 315 Colby Public Schools Teacher Application Form

Return completed application to: Janel Andrews, Executive Assistant
 600 West Third Street
 Colby, KS 67701-2000
 (785) 460-5000 (ph) 785-460-5050 (fax)

Application files must be complete to be considered for initial screening. Application information may be emailed or faxed (followed with mailing the original hard copy). A complete application file includes the following:

- | | |
|---|--|
| _____ Letter of Application

_____ Resume

_____ Completed application form
(<i>this document</i>) | _____ Complete transcripts of baccalaureate and graduate work

_____ Professional Credentials
(<i>prefer college confidential files</i>)

_____ Copy of your certificate / license

_____ Letters of recommendation (<i>if desired</i>) |
|---|--|

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability.

Please complete the application in your own handwriting using blue or black ink.

Position: _____ Date: _____

Name (first, middle, last): _____

Mailing Address _____

City, State, Zip: _____ Social Security Number: _____

Home Telephone: _____ Work Telephone: _____

If we may contact you via email about your application file, please print your email address below:

Current Drivers License Number: _____ State: _____

Present Salary: _____ Current Placement: _____

Name of License / Endorsement(s) Held (use separate sheet if necessary):

_____ State: _____ Expiration: _____

_____ State: _____ Expiration: _____

_____ State: _____ Expiration: _____

Highest Degree Earned	Date Awarded	Number of Graduate Hours completed beyond degree
BA / BS		
MA / MS		
Specialist / Ed.D. / PhD		

EDUCATION: List chronologically all colleges and universities attended.

Institution	Dates Attended	Degree Received	Major	Minor

List additional training, inservice, or educational experiences in which you have participated.

Subjects and Grade Levels Licensed to Teach:

Subject	Grade Level(s)

TEACHING EXPERIENCE: List chronologically your teaching experience, and related work experience beginning with student teaching.

School/Agency	Location	Dates of Experience	Assignments	Supervisor

List at least three (3) individuals who will serve as references for you and have knowledge of your professional and personal skills. Two (2) of these must be professional references (for example, superintendent, immediate supervisor, or colleague). These references may be contacted.

	Name	Title	Address	Telephone Number
Professional Reference				
Professional Reference				
Professional Reference				
Personal Reference				
Personal Reference				

Please indicate the activities in which you participated either in college or in high school, and whether or not you would be willing to sponsor that activity.

Activity	Participation High School		Participation College		Training		Ability to Sponsor		Grade Level
	Yes	No	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	Yes	No	

IN YOUR OWN HANDWRITING: What interests, skills, hobbies, achievements, and/or experiences have you had that would be helpful to you as a teacher? (Use additional paper if necessary.)

1. Have you ever been convicted of a crime, other than a minor traffic violation?
Yes No
2. Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance or a child?
Yes No
3. Have you ever entered into a criminal diversion agreement after being charged with any offense described in question #2?
Yes No
4. Are criminal charges pending against you in any state involving any of the offenses described in question #2?
Yes No
5. Have you ever had a teacher and/or school administrator license denied, suspended or revoked in any state?
Yes No
6. Is disciplinary action pending against you in any state regarding a teaching or administrator license?
Yes No

If you answered YES to any of the questions listed above, please explain below:

(Use additional paper if necessary.)

I certify that all the information provided by me is current, complete, and true. I understand that if I am employed by USD 315, any misstatement or omission of fact on this application is grounds for refusal to hire or, if I am employed, may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby authorize my former employers, personal/character references, and any law enforcement agency to release to USD 315 any information about me, including but not limited to, student, personnel, and/or military records, personal history, employment history, and criminal history, including misdemeanor and/or felony arrests and conviction records. 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 understand that if I am offered provisional employment in the school district that in accordance with Senate Bill No. 432, my fingerprints may be taken and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveal that I have been convicted of any offense or any attempt to commit any offense specified K.S.A. 1999 Supp. 72-1397, and amendments thereto, that my employment may be terminated by the employing board of education.

A photocopy of this authorization shall serve the same purposes as the original, and constitutes a waiver by the undersigned of any privilege existing by law as to such information or records furnished as provided herein.

APPLICANT (Please have a notary witness your signature. The USD 315 district office provides this service free of charge at 600 West Third, Colby, KS. Notary services are also available at banks, attorney offices, courthouses, some grocery stores, etc.)

DATE

State of _____ County of _____

Signed or attested before me on _____ day of _____ 20__, by

 Signature of Notary

 My Appointment Expires

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