

LEGAL

All prospective employees will be subject to a BCI/FBI background check at their own expense. Employment shall be temporary pending an acceptable background report.

Appropriate certification/licensure is necessary for employment.

In accordance with Federal law, any person employed by this District must provide evidence that he/she is eligible to work in the United States.

Are you legally eligible for employment in the United States? Y N

Have you ever been bonded? Y N If yes, with what employers? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Y N

If yes, describe in full: _____

ACADEMIC AND PROFESSIONAL TRAINING

Attach unofficial copies of transcripts

Colleges, Universities attended (List highest degree first)

College/University	Location	Semester Hours	Degree	Major	Minor

MILITARY EXPERIENCE

Years of Military Service: _____ Dates of Service: From _____ To: _____

Branch of Service _____ Do you have a reserve obligation? Y N

If yes, please explain: _____

EDUCATIONAL EMPLOYMENT

Starting with most recent
(If you have had none, write "No Experience")

School District and Address	Assignment	Date (From/To)	No. Yrs.	Reason for Leaving

NON-EDUCATIONAL EMPLOYMENT

Starting with most recent

Employer	Address	Date (From/To)	Job Title	Reason for Leaving

PERSONAL DATA

Have you ever been denied a certificate or license? **Y N** If yes, please explain on a separate piece of paper.

Are you currently under contract? **Y N** If yes, with whom? _____

Have you ever been issued continuing contract status as a teacher? **Y N** (District: _____ Year: _____)

What is your present salary? _____ Expected salary? _____

Activities which you are able to coach/direct and indicate number of years paid experience in each: _____

Add any information or facts that will supplement your qualifications: _____

REFERENCES

Please list the names and addresses of three persons, not related, who can speak of your professional competency and character.

Do we have permission to contact these persons at this time? Y N

Name	Address	Telephone	Type of Acquaintance
1.			
2.			
3.			

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, or national origin)

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of facts on this application may result in dismissal.

Date Signature

FOR OFFICE USE

Application Received: _____

Credentials Requested: _____

References Requested: _____

Credential Received: _____

References Received: _____

Transcript(s) Received: _____

Date of Interview: _____

By Whom: _____

Letter of Intent Sent: _____

Employed by Board: _____

Position: _____

Salary: _____

Authorized Experience: _____