

**UNIFIED SCHOOL DISTRICT 208  
APPLICATION FOR EMPLOYMENT  
CERTIFIED STAFF**

612 Junction Ave Suite B, WaKeeney, Kansas 67672

Telephone: 785-743-2145

Each applicant for a certificated position in the Trego County Public Schools will complete this application. Please include your complete transcript with this application and notify your placement bureau to forward a set of your credentials to this office.

**PERSONAL**

Last Name	First	Middle	Date
Street Address			Home Phone ( )-
City, State, Zip			Business Phone ( )-
Position Desired			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No. If not, employment is subject to verification of minimum legal age.			
Are you related to a member of the board of education? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-Law <input type="checkbox"/> Daughter-in-Law <input type="checkbox"/> Other (please describe): _____			

**PROFESSIONAL**

Provide information about teaching certificate you now hold State Issuing Certificate _____ Date Issued _____ Date of Expiration _____ Level/Subject _____
Check activities you are competent and willing to direct or coach <input type="checkbox"/> Band <input type="checkbox"/> Basketball <input type="checkbox"/> Class Sponsor <input type="checkbox"/> Debate <input type="checkbox"/> Football <input type="checkbox"/> Golf <input type="checkbox"/> Plays <input type="checkbox"/> Student Council <input type="checkbox"/> Tennis <input type="checkbox"/> Track <input type="checkbox"/> Vocal Groups <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Yearbook <input type="checkbox"/> Others
Are you under contract for the present school term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when does this contract expire? _____
How did you learn of our organization? _____
<b>MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS</b> (Exclude those which may disclose your race, color, religion or national origin)

# TEACHING/ADMINISTRATIVE EXPERIENCE

Please list educator experience for the past ten years with most recent position first.

1	School	Telephone ( ) -
	Address	Employed (Month and Year) From To
	Assignment: Teaching/Administrative	Level and/or Subject

2	School	Telephone ( ) -
	Address	Employed (Month and Year) From To
	Assignment: Teaching/Administrative	Level and/or Subject

3	School	Telephone ( ) -
	Address	Employed (Month and Year) From To
	Assignment: Teaching/Administrative	Level and/or Subject

4	School	Telephone ( ) -
	Address	Employed (Month and Year) From To
	Assignment: Teaching/Administrative	Level and/or Subject

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>EDUCATION</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	TEACHING FIELD/S	DID YOU GRADUATE?	DEGREE
	College Undergraduate			<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
	College Graduate			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No		

<b>MILITARY</b>	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>	
	Branch of Service	Period of Active Duty (Month & Year) From To
	Rank at Discharge	Date of Final Discharge

**REFERENCES**

Name	Address	Position	Phone
1			( ) -
2			( ) -
3			( ) -
4			( ) -
5			( ) -

**PHILOSOPHY OF EDUCATION**

STATE IN 75-100 WORDS YOUR PHILOSOPHY OF EDUCATION


**APPLICANT JOB APPLICATION ACKNOWLEDGMENTS**

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_