

UNIFIED SCHOOL DISTRICT 208 APPLICATION FOR EMPLOYMENT CERTIFIED STAFF

527 Russell Ave., 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			
Do you have any impairment, physical or mental, which would interfere with your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain job duties you cannot perform because of the impairment:			

PROFESSIONAL

Provide information about teaching certificate you now hold	Date Issued	Date of Expiration
State Issuing Certificate		
Level/Subject		
Check activities you are competent and willing to direct or coach		
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"/>		
Vocal Groups <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> Yearbook <input type="checkbox"/> Others <input type="checkbox"/>		
Are you under contract for the present school term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when does this contract expire?		
Do you have home obligations or other duties which might interfere with your accepting any assignments, or which would prevent your attendance at meetings outside regular school hours? Please explain _____		
How did you learn of our organization?		
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin)		

TEACHING/ADMINISTRATIVE EXPERIENCE	Please list experience as an educator for the past ten years with most recent position first.
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School	Telephone () -
Address	Employed (Month and Year) From To
Assignment: Teaching/Administrative	Level and/or Subject

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

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

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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.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

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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	

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

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

