

APPLICANT INFORMATION

Thank you for your interest in the Northeast BOCES (Board of Cooperative Educational Services). Enclosed are the following materials necessary for your application:

- (1) Application Form
- (2) Application Supplements B through D

In addition, you **must** submit the following:

- (3) Complete college transcripts (either official or copies)
- (4) Two letters of reference
- (5) Copy of Colorado teaching license and copy of vocational credentials if applicable (or explanation of status). Note: For information on Colorado teaching licenses contact Teacher Licensing at Colorado Department of Education, 201 East Colfax Avenue, Denver, CO 80203, (303) 866-6628.

The application form and Supplements B and C must be complete in order to be accepted for processing. If other items (such as transcripts, Supplement C, etc.) are not submitted with the application, please indicate the status of the incomplete items.

VACANCIES:

All vacancies are posted on the www.neboces.org website. All inquiries pertaining to vacancies should be directed to the NEBOCES office (see address and phone number listed below). When a specific position is open, usually only applicants with completed files are considered, so it is important to submit all necessary paperwork as soon as possible. If you are selected for an interview, you will be contacted.

The completed application and all related correspondence should be sent to NEBOCES.

APPLICANT CHECK LIST

- Completed application form
- Application Supplements B, C, and D, (D is optional)
- Complete transcripts (official or copies) – official transcripts are required when you are employed
- Two written references
- Copy of Colorado teaching license (or explanation of status)
- Please be sure to notify the Northeast BOCES office if you sign a contract

APPLICANT IS RESPONSIBLE TO MAKE SURE APPLICATION IS COMPLETE!

If you have any questions, please call or write the Northeast BOCES office at (970) 521-2771, P.O. Box 98, 301 West Powell, Haxtun, CO 80731

PLEASE RETAIN THIS SHEET FOR YOUR OWN PERSONAL REFERENCE.

Equal Opportunity Employers

APPLICATION FOR PROFESSIONAL EMPLOYMENT

(Please type or print in black ink)

PERSONAL AND PROFESSIONAL DATA:

Date: ____/____/____

Name: _____ Social Security #: _____

Last First Middle

Present Address: _____

Street City State Zip Code

Present Telephone #: (____) _____ Alternate Telephone #: (____) _____
(if applicable)

Permanent Address: _____

Street City State Zip Code

Permanent Telephone #: (____) _____

TEACHING LICENSE:

Colorado Teaching License held: _____

Type Level Subject of Endorsement

Issued: ____/____/____ Expires: ____/____/____

If you do *not* hold a Colorado Teaching License, what level/subject endorsement are you expecting to receive from the Colorado Department of Education? _____ When? ____/____/____

Are you currently under contract? ____ Yes ____ No Dates Available: ____/____/____

Indicate your choice of position.

EDUCATION BACKGROUND: *(start with most recent education)* Please use 2 letter postal code for state. If outside the United States, include country name next to college name.

College Name	State	Major	Minor	Dates Attended	Mo/Yr Degree Conferred	Type of Degree Conferred

GRADUATE OR SPECIAL TRAINING – NOT INCLUDED IN ABOVE: *(start with most recent education)*

College Name	State	Subject	# of Semester Hours	Year Attended

List honors received, special achievements, scholarships: _____

PROFESSIONAL REFERENCES:

Name	Address	Telephone	Position/Occupation
1.		H ()	
		W()	
2.		H ()	
		W()	
3.		H ()	
		W()	

PERSONAL REFERENCES:

Name	Address	Telephone	Position/Occupation
4.		H ()	
		W()	
5.		H ()	
		W()	
6.		H ()	
		W()	

Have you ever been convicted of, pled no contest to, or received a deferred sentence for a crime involving unlawful sexual behavior or unlawful behavior involving children? ____ Yes ____ No

Have you ever been dismissed by, or resigned from, a school district or other employer as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior? ____ Yes ____ No

Have you had a credential, certificate or license to teach denied, annulled, revoked or suspended? ____ Yes ____ No

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)? ____ Yes ____ No

***If “YES” to any of the above question, complete details are required on a separate sheet stating date, charge, place and action taken.**

If information requested on this page appears on your resume, it is not necessary to complete this page.

PRACTICUMS, INTERNSHIPS, AND SUBSTITUTE WORK: *(start with most recent experience)*

Date From	Date To	School Name	Address	Principal's Name	Grades/Subject Taught
Mo					
Yr		Phone# ()			
Student Teaching () Internship () Substitute ()					
Mo					
Yr		Phone# ()			
Student Teaching () Internship () Substitute ()					
Mo					
Yr		Phone# ()			
Student Teaching () Internship () Substitute ()					

TEACHING EXPERIENCE: *(start with most recent experience-attach separate sheet if necessary)*

Date From	Date To	School Name	Address	Principal's Name	Grades/Subject Taught
Mo					
Yr					
Phone # () Supervisor's Name:					
Mo					
Yr					
Phone # () Supervisor's Name:					
Mo					
Yr					
Phone # () Supervisor's Name:					
Mo					
Yr					
Phone # () Supervisor's Name:					

Total Years Teaching Experience: _____

WORK EXPERIENCE (OTHER THAN TEACHING): *(start with most recent experience)*

Date From	Date To	Employer Name	Employer Address	Position Held
Mo				
Yr				
Phone # () Supervisor's Name:				
Mo				
Yr				
Phone # () Supervisor's Name:				
Mo				
Yr				
Phone # () Supervisor's Name:				
Mo				
Yr				
Phone # () Supervisor's Name:				

What languages do you speak, read and /or write other than English? _____
Degree of fluency: _____ Minimal (1) _____ Moderate (2) _____ Intermediate (3) _____ Fluent (4)

List specifically developed talents outside your teaching area:

Describe any background or experience relative to multicultural education and diverse student populations:

I also understand that an omission or falsification of information in the application or any supplement may result in refusal of or immediate discharge from employment.

Date

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NORTHEAST BOCES

APPLICATION SUPPLEMENT B

NAME: _____

Indicate the level(s) and subject(s) that you are **qualified** (18+ semester hours) or **licensed** to teach..

GRADE LEVEL
ENDORSED

SUBJECT

Agriculture
Alternative Education
Art
Business Education
Computer Literacy
Computer Specialist
Counselor
Drama
Drivers' Education
Early Childhood Educ/
Preschool
Educational Media
Specialist
Elementary Education
English/Language Arts
French
German
Gifted and Talented
Health
Home Ec/Consumer/
Family Studies
Industrial Arts
Journalism
Linguistically Div/Bilingual
Linguistically Div/ESL
Mathematics
Middle School Ed
Music Education
Music-Instrumental
Music-Vocal
Physical Education
Reading
Reading Specialist
School Library Media
Science
Science-Biology
Science-Chemistry
Science-Earth Science
Science-Physical Science
Science-Physics
Social Studies
Social Studies-Economics
Social Studies-Geography
Social Studies-History

GRADE LEVEL
ENDORSED

SUBJECT

Spanish
Speech
Technical Ed/Training
Trade/Industrial Ed

Special Education Areas:
Special Ed Teacher 1/Moderate Needs
Special Ed Teacher 2/Affective
Special Ed Teacher 2/Cognitive
Special Ed Teacher2/Hearing
Special Ed Teacher 2/Vision
Special Ed Teacher 3/Profound Needs
Special Ed Teacher 4/Early Childhood
Special Ed
Adaptive Physical Education
Audiologist
Hearing Handicapped
Occupational Therapist
Physically Handicapped
Physical Therapist
School Social Worker
School Nurse
School Psychologist
Speech Correctionist/Language Spec.
Speech/Language Pathologist
Speech Therapist
Visually Handicapped

Administrative Areas:

Superintendent
Principal

18+SEMESTER HOURS

IF YOU HAVE 18 SEMESTER HOURS OR MORE IN ANY SUBJECT AREA OUTSIDE OF YOUR ENDORSED/QUALIFIED TEACHING AREA, PLEASE LIST BELOW AND INCLUDE THE NUMBER OF SEMESTER HOURS:

Subject

Sem Hrs.

NORTHEAST BOCES**APPLICATION SUPPLEMENT C**

In an effort to secure the highest quality employees, the Northeast BOCES requests that all applicants complete this form. Your cooperation is greatly appreciated.

RELEASE AND AUTHORIZATION

I, _____, hereby authorize any current or prior employer, law enforcement agency, administrator, state agency, institution, or private information bureau that has any record or knowledge of my employment history, motor vehicle operation history, or criminal history to provide the Northeast BOCES, or its authorized representatives from its member districts, any such information. This authorization or a photographic copy shall be valid. Permission is granted for information to be released by any state or other government agency. According to the Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by a prospective employer from a Consumer Reporting Agency.

Signed: _____

Date: _____

Please complete the following information:

Full Name (Type or Print Legibly)

Previous Name (If Applicable)

Social Security Number

Date of Birth

Driver's License Number

Specify State In Which Driver's License Was Issued

PLEASE RETURN THIS FORM WITH YOUR APPLICATION TO:

NORTHEAST BOCES

EQUAL OPPORTUNITY EMPLOYERS

TEACHER APPLICANT OPTIONAL INFORMATION

The information below is voluntary on your part, but can assist the Northeast BOCES in their equal employment opportunity efforts.

NAME _____
Last First Middle

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE _____

SEX

_____ FEMALE
_____ MALE

ETHNICITY

_____ AMERICAN NATIVE OR ALASKAN NATIVE
_____ ASIAN OR PACIFIC ISLANDER
_____ AFRICAN-AMERICAN
_____ HISPANIC
_____ WHITE

The Northeast BOCES is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, gender or disability in their activities, programs, or employment practices as required by Title VI, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact the Director of Personnel in the individual district or the Office of Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 N. Speer Blvd, Suite 310, Denver, CO 80204, (303) 844-2991.