

## Marion School District

100 S. Cedar/PO Box 207

Marion, SD 57043

(605) 648-3615

brad.berens@k12.sd.us

# Certified Teacher Employment Application

## PERSONAL INFORMATION

NAME (last, first)	DATE
ADDRESS, CITY, STATE, ZIP	
TELEPHONE	BEST TIME TO REACH YOU
E-MAIL ADDRESS	SSN
DRIVER'S LICENSE NO.	DATE OF BIRTH
POSITION APPLYING FOR	

## EDUCATION

<b>SECONDARY/HIGH SCHOOL</b> (School Attended, Address)	DATES ATTENDED
ACTIVITIES/HONORS	
<b>UNDERGRADUATE INSTITUTION #1</b> (Type of School)	DATES ATTENDED
NAME OF SCHOOL, ADDRESS	DEGREE AND GRADUATION DATE

<b>UNDERGRADUATE INSTITUTION #2</b> (Type of School)	DATES ATTENDED
NAME OF SCHOOL, ADDRESS	DEGREE AND GRADUATION DATE
<b>GRADUATE INSTITUTION #1</b>	DATES ATTENDED
NAME OF SCHOOL, ADDRESS	DEGREE AND GRADUATION DATE
<b>GRADUATE INSTITUTION #2</b>	DATES ATTENDED
NAME OF SCHOOL, ADDRESS	DEGREE AND GRADUATION DATE

## EXPERIENCE

<b>STUDENT TEACHING #1</b> NAME OF SCHOOL	YEAR
SUBJECT	GRADE, SEMESTER
<b>STUDENT TEACHING #2</b> NAME OF SCHOOL	YEAR
SUBJECT	GRADE, SEMESTER
<b>PRESENT POSITION</b> TITLE	NAME OF EMPLOYER
EMPLOYER'S ADDRESS	START DATE

MAY WE CONTACT THIS EMPLOYER?	
<b>PROFESSIONAL EXPERIENCE #1</b> INSTITUTION NAME AND ADDRESS	DATES EMPLOYED
ASSIGNMENT	REASON FOR LEAVING
<b>PROFESSIONAL EXPERIENCE #2</b> INSTITUTION NAME AND ADDRESS	DATES EMPLOYED
ASSIGNMENT	REASON FOR LEAVING
<b>PROFESSIONAL EXPERIENCE #3</b> INSTITUTION NAME AND ADDRESS	DATES EMPLOYED
ASSIGNMENT	REASON FOR LEAVING
<b>YEARS OF TEACHING EXPERIENCE</b>	<b>YEARS OF ADMINISTRATIVE EXPERIENCE</b>

## REFERENCES

<b>NAME (last, first) #1</b>	TITLE
ADDRESS, CITY, STATE, ZIP	
TELEPHONE	DATES KNOWN
E-MAIL ADDRESS	RELATIONSHIP
<b>NAME (last, first) #2</b>	TITLE

ADDRESS, CITY, STATE, ZIP	
TELEPHONE	DATES KNOWN
E-MAIL ADDRESS	RELATIONSHIP

NAME (last, first) #3	TITLE
ADDRESS, CITY, STATE, ZIP	
TELEPHONE	DATES KNOWN
E-MAIL ADDRESS	RELATIONSHIP

### CERTIFICATION INFORMATION

*Attach a copy of your certificate.*

### JOB SKILLS

**Activities** - *List activities you are willing to sponsor.*

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### CERTIFIED TEACHER APPLICATION QUESTIONS

**Why do you want to teach at the Marion School District?**

**How do you use technology to enhance learning?**

**Describe how you teach. What makes your teaching effective?**

**What unique or unusual activities do you use to stimulate learning in the classroom?**

**BACKGROUND INFORMATION**

**Background** – *Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.*

1. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF YES, PLEASE EXPLAIN.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. HAVE YOU EVER HAD A PROFESSIONAL CERTIFICATE REVOKED OR SUSPENDED? IF YES, PLEASE EXPLAIN.

Yes \_\_\_\_\_ No \_\_\_\_\_

3. HAVE YOU BEEN CONVICTED OF ANY OFFENSE FOR PHYSICAL OR SEXUAL ABUSE OF A CHILD? IF YES, PLEASE EXPLAIN.

Yes \_\_\_\_\_ No \_\_\_\_\_

4. HAVE YOU EVER HAD A CHARGE OF CHILD ABUSE AGAINST YOU SUBSTANTIATED? IF YES, PLEASE EXPLAIN.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN, OR RESIGNED IN LIEU OF TERMINATION FROM THE EMPLOYMENT OF ANOTHER SCHOOL DISTRICT? IF YES, PLEASE GIVE THE NAME OF THE DISTRICT, THE DATE AND THE REASON FOR THE RESIGNATION OR TERMINATION

Yes \_\_\_\_\_ No \_\_\_\_\_

## DISCLAIMERS AND AFFIRMATION

### District Policy

The School District does not discriminate on the basis of race, color, national origin, age, sex or disability, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning the School's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Superintendent.

### Application Confirmation Statement

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the School District, I will abide by all Board of Education and school policies, work on assigned committees, and continue my professional growth to the best of my ability and within reasonable and personal standards. I grant permission for school officials to obtain a personal record check from the federal, state, county, and/or local law enforcement agencies and Division of Family Services; also a credit history check may be made. I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from the date of submission.

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Signature of Applicant

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Date