

**EMPLOYMENT
APPLICATION**
FOR ADMINISTRATIVE POSITIONS

Byers School District 32-J

444 E Front Street
Byers, CO 80103
(303) 822-5292

APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE"
2. Complete all four pages of this form
3. If more space is needed to complete any question, use general comments section or attach separate sheet.
4. Print clearly, incomplete or illegible application will not be processed.

APPLICANT NOTE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an application from employment. To assure qualification for essential functions of the job, employment may be contingent upon the results of additional testing of your job-related skills, mental/physical abilities, physical condition and for the presence of drugs in your body.

MARK APPROPRIATE BOXES

- ☐ New Application
- ☐ Previous Application on File
- ☐ Former Employee of the School District
- ☐ Full-time
- ☐ Part-time
- ☐ Substitute

List grade level(s) and/or subject area(s) in order of preference: _____

GENERAL INFORMATION

Are you under contract? Yes ☐ No ☐

If yes, where? _____ Present Position _____

If presently employed, why do you wish to change? _____

If under contract, what type? ☐ Annual/ Probationary ☐ Other (explain) _____ ☐ Continuing/Tenure

If under contract, can you be released if you are offered another position? ☐ Yes ☐ No

If not under contract now, have you ever held a continuing contract? ☐ Yes ☐ No

If yes, cite school district(s), date(s) and state _____

Referral Source: ☐ Advertising/Posting ☐ Employee ☐ Friend ☐ Other (Explain) _____

Have you ever been refused tenure or a continuing contract? (If yes, comment below.) ☐ Yes ☐ No

Have you ever been discharged or requested to resign from a position? (If yes, comment below.) ☐ Yes ☐ No

Have you ever had a certificate or license revoked or suspended? (If yes, comment below.) ☐ Yes ☐ No

Please list other skills, licenses, fluency in other languages, or certificates that are job-related. _____

TODAY'S DATE: _____ DATE AVAILABLE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

CONTACT IN EMERGENCY: _____
NAME PHONE

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

- ☐ Teacher ☐ Administrator
- ☐ Guidance ☐ Supervisor
- ☐ Library/Media ☐ Psychologist School District
- ☐ Other (Explain) ☐ Visiting Teacher/Social Worker

TEACHING EXPERIENCE

List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.

NAME OF SCHOOL	SCHOOL DISTRICT CITY/COUNTY	STATE	POSITION HELD, GRADE AND/OR SUBJECTS TAUGHT (SPECIFY)	MONTH DAY/YEAR	TOTAL YEARS	FULL TIME	PART TIME	SUPERVISOR NAME AND PHONE NUMBER
TOTAL								

WORK EXPERIENCE OTHER THAN TEACHING

List chronologically

[illegible]

EDUCATIONAL AND PROFESSIONAL TRAINING

List Chronologically

LEVEL OF EDUCATION	NAME OF SCHOOL OR UNIVERSITY	STATE	FIELD OF STUDY	TYPE OF DEGREE	YEAR OF GRADUATION	DATE OF ATTENDANCE (FROM/TO)
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						

STUDENT TEACHING EXPERIENCE

List chronologically and include any internships

NAME OF SCHOOL	SCHOOL DISTRICT CITY/COUNTY	STATE	GRADE LEVEL AND/OR SUBJECT	DATES

CERTIFICATION

A. If you have been issued a certificate in this state, please submit a photocopy, Copy Enclosed?



Yes



No



Certificate has not been issued

Type of Certificate _____

Years of Expiration of Certificate _____ Endorsement(s) _____

B. Have you applied for a certificate in this state?



Yes



No



Does not apply

Date certificate applied for _____



Check if statement of eligibility enclosed

C. If you have been issued a certificate in another state, please submit a photocopy. Copy enclosed?



Yes



No



Certificate has not been issued

State _____ Expiration Date _____ Certificate/Endorsements _____

State _____ Expiration Date _____ Certificate/Endorsements _____

D. Have you taken the National Teacher's Examination? (If yes, please submit a copy of your scores.)

Core Battery:



Yes



No

MONTH/YEAR

CS

GK

PK

Copy Enclosed?



Yes



No

Specialty Area:



Yes



No

MONTH/YEAR

CS

GK

PK

Copy Enclosed?



Yes



No

HEALTH & SAFETY

With or without reasonable accommodations, is there anything that would prevent you from performing essential functions of the described job?



Yes



No

If you answered yes to any of these questions, please describe in the space below.

DRIVING RECORD

If your duties do not include driving, please skip this section.

Do you have a valid driver's license?



Yes



No

Have you had any moving traffic convictions in the past seven years?



Yes



No

State of Issue _____ DL# _____ Type of driver's license _____

Endorsements? _____ Restrictions? _____

EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below. Enter additional activities if

Necessary. Circle activities you are willing to coach/sponsor.

EXTRA CURRICULAR ACTIVITIES	HIGH SCHOOL EXPERIENCE	COLLEGE EXPERIENCE	CONTRACT EXPERIENCE	EXTRA CURRICULAR ACTIVITIES	HIGH SCHOOL EXPERIENCE	COLLEGE EXPERIENCE	CONTRACT EXPERIENCE
FOOTBALL				ATHLETIC DIRECTOR			
BASKETBALL				DRAMA			
BASEBALL				YEARBOOK			
VOLLEYBALL				CHEERLEADERS			
TRACK				ATHLETIC TRAINER			
CROSS COUNTRY				STUDENT GOVERNMENT			
WRESTLING				HONOR SOCIETY			
CLUBS				CHOIR			
OTHER							

SECURITY

In which states have you lived the past seven years' (Include counties) _____

Have you used any names (aliases, maiden names, married names, etc?) or Social Security numbers other than given on page one? ☐ Yes ☐ No

If so, please list _____

Have you been convicted of a felony and/or served time for a felony in the past seven years? ☐ Yes ☐ NoHave you been convicted of any crime of moral turpitude or offenses involving children, handicapped, or the elderly? ☐ Yes ☐ No

If you answered yes to any of the above questions, please describe below.

INCIDENT DATE	CITY/STATE	CHARGE

OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite the relationship. _____

Estimate your total absence from work or school for the last three years and explain the reason(s). _____

REFERENCES

It is the applicant's responsibility to provide the following information in order to be considered for employment:

A. The names, phone numbers and addresses of at least three reference sources (including current employer if employed, or last employer if not currently employed).**B.** Applicants with work experience must provide recommendations from principals and/or superintendents from all contracts involving educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

NAME OF REFERENCE	POSITION/RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER
1.			
2.			
3.			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources.

SIGNATURE: _____ DATE: _____

It is the policy of Byers School District 32J to not discriminate on the basis of age, race, religion, color, national origin, sex, marital status, sexual orientation, pregnancy, national origin, ancestry, citizenship, gender identity, disability, and any other protected status in its programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, Title II / ADA as amended. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Title IX officer Stacy Sondburg, 303-822-5292, sondburg.stacy@byers.k12.co.us, 444 East Front Street, Byers, CO 80103.

Es política del Distrito Escolar Byers 32J no discriminar por motivos de edad, raza, religión, color, origen nacional, sexo, estado civil, orientación sexual, embarazo, origen nacional, ascendencia, ciudadanía, identidad de género, discapacidad y cualquier otro estado protegido en sus programas, servicios o actividades según lo requiere el Título VI de la Ley de Derechos Civiles de 1964, según enmendada; Título IX de las Enmiendas a la Educación de 1972; y la Sección 504 de la Ley de Rehabilitación de 1973, Título II / ADA según enmendada. Las consultas sobre el cumplimiento y / o los procedimientos de quejas pueden dirigirse a Stacy Sondburg, oficial del Título IX del distrito escolar, 303-822-5292, sondburg.stacy@byers.k12.co.us, 444 East Front Street, Byers, CO 80103.

Byers School District is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities in employment. To request reasonable accommodation, contact Stacy Sondburg, Business Manager, (303) 822-5292 x1139, sondburg.stacy@byers.k12.co.us

Distrito Escolar de Byers tiene enpeno para prover access a una oportunidad razonable, para personas con discapacidades de empleo. Para poder requerir comodidades rasonables llamar a Stacy Sondburg, Manegadora de negocios, (303) 822-5292 x1139, sondburg.stacy@byers.k12.co.us

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Using the space provided below, please answer the following questions.

1. Why do (did) you want to become an administrator?
2. What experiences have you had dealing with Grade Level Expectations?
3. If you could pick 4 areas of importance from your principal/administrative licensure, what would they be?
4. Of those 4, which has made the most impact in your profession? Why?
5. Briefly describe your philosophy of discipline.
6. Who/What individual has made the greatest impact on your career?
7. Explain your background in curriculum development.
8. Explain your knowledge of using data to affect student achievement?
9. What are your personal goals for the next 5 to 10 years?
10. What budgeting skills or knowledge do you have when working with a school budget?