



APPLICATION FOR TEACHING POSITION

Date Application Submitted: _____

Teaching Position of Interest: _____

APPLICANT:

(Last Name) (First) (Middle) (Maiden)

PERSONAL INFORMATION:

() Professional Address* _____ Telephone () _____
_____ Fax () _____
_____ Email _____

() Home Address* _____ Telephone () _____
_____ Email _____

**Please check location at which you prefer to be contacted.*

DISTRICT INFORMATION FOR APPLICANT:

- Unified School District No. 322's focus is our children and their education.
- The district regards teaching as a valuable profession and is looking for teachers with the same belief.
- We want teachers who are willing to work. Our demands are not unreasonable, but we do expect a full professional day.
- We want teachers who are willing to grow by reading current professional literature, affiliating with professional organizations, attending and contributing to teachers' meetings, and learning with the organization.
- We want teachers who are interested in our entire school system, not merely one grade, subject, or building.
- We want teachers who understand that they must constantly be alive educationally to know what of the old to discard and what of the new to accept.

Unified School District No. 322 does not discriminate on the basis of race, color, national origin, sex, age, handicap in admission or access to, or treatment or employment in its programs and activities.

PROFESSIONAL EDUCATION/QUALIFICATIONS:

High School Attended	Location

College or University/Location	Dates of Attendance	Degree

Additional College Hours Beyond Degree:

CERTIFICATION(S) NOW HELD OR APPLIED FOR:

Endorsement/Subject	State	Certification Level	Effective	Expiration

FULL TIME TEACHING/STUDENT TEACHING EXPERIENCE:

Please list in chronological order beginning with the most recent.

Name of School/Location	Dates	Grade/Subject

OTHER WORK EXPERIENCE:

Name of Business/Location	Dates	Position Held

List any additional training you have had which you believe has been beneficial to you or additional information you feel would further enhance your application.

Special Skills or Interests: Activities/sports you are qualified or willing to direct.

Have you ever been denied a teaching certificate/license or had your teaching certificate/license suspended or revoked? YES _____ NO _____

If yes, indicate the action taken:

Denied	Suspended	Revoked	Which State(s)

Have you ever been convicted of a crime involving moral turpitude? YES _____ NO _____

If yes, please explain:

REFERENCES:

Include a minimum of three who have knowledge of your professional/teaching experiences.

Name	Position	Address	Telephone Number

AUTHORIZATION AND RELEASE:

I have completed this application to the best of my knowledge and do swear that all related information which I have provided is true, accurate, and complete. I expressly authorize the release to personnel of Unified School District No. 322, Onaga-Havensville-Wheaton, any records or information which may refer or relate to this application for employment, including, but not limited to, records of educational institutions, law enforcement or criminal justice agencies, agencies maintaining child abuse records, and previous employers. I hereby release and discharge U.S.D. 322 and any responsible person(s) employed by U.S.D. 322 from any and all claims and liability which I may have or ever claim to have relating to information provided to U.S.D. No. 322 as part of this application for employment.

Signature

Date

Signature of Applicant: At the time of the personal interview the Applicant will be asked to sign any needed and necessary releases as a part of the interview process and/or employment.



Please forward all correspondence, a completed application, resume, letters of reference, photocopy of transcripts, and photocopy of certification to:

Unified School District 322
 P. O. Box 60
 500 High Street
 Onaga, KS 66521

Telephone: (785) 889-4614
 Fax: (785) 889-4662
 District Website: www.usd322.org
 E-mail: hermrecka@usd322.org

USD 322 IS AN EQUAL EMPLOYMENT / EDUCATIONAL OPPORTUNITY AGENCY

FOR DISTRICT USE ONLY

ITEM	DATE RCVD.
Letter of Interest	_____
Application	_____
Signature	_____
Resume	_____
Letters of Reference	_____
Transcripts	_____
Certificate	_____
Other:	_____

NAME OF APPLICANT:

INTERVIEWER COMMENTS: