

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

Date of Original Inquiry: \_\_\_\_\_ Letter \_\_\_\_\_ Call \_\_\_\_\_ Online \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Notes: \_\_\_\_\_

Date Credentials Received: \_\_\_\_\_

Date Transcript Received: \_\_\_\_\_

Position Filled Response Sent: \_\_\_\_\_

# USD #239 North Ottawa School District

(An Equal Opportunity Employer)

716 E. Seventh Street, PO Box 257  
Minneapolis, Kansas 67467

Phone | 785.392.2167 Fax | 785.392.3038  
[www.usd239.org](http://www.usd239.org)



## APPLICATION FOR CERTIFIED PERSONNEL

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Permanent Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Are you are retired under the Kansas Public Employees Retirement System? Yes  No

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**APPLICATION FOR POSITION OF**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

4<sup>th</sup> Choice: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Applicant Availability: \_\_\_\_\_

Are you a citizen of the U.S.? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this District? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**HIGH SCHOOL**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_

**JUNIOR COLLEGE**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_

**B.S. DEGREE**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_

**M.S. DEGREE**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_

**ED. S. DEGREE**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_

**PhD/Ed. DEGREE**

Name \_\_\_\_\_

Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Diploma Date \_\_\_\_\_

Hours taken since last degree

Graduate: \_\_\_\_\_

Undergraduate \_\_\_\_\_

**High School Activities / Honors:**

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**College Activities / Honors:**

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**PROFESSIONAL REFERENCES**

	Name	Phone	Address	Position
1.				
2.				
3.				
4.				

**PROFESSIONAL OPINIONS**

Please write an instructional objective reflecting a format that you feel represents the essential components of an acceptable objective.

Please describe the strongest asset you have as a classroom teacher that you can offer the students in our district.

Please describe one way your administrator can contribute to your success as a classroom teacher.

Please react to the statement that extracurricular activities make up the other half of a student's education.

**SUPPLEMENTAL ASSIGNMENTS**

- |                   |                          |                        |                          |                        |                          |
|-------------------|--------------------------|------------------------|--------------------------|------------------------|--------------------------|
| Athletic Director | <input type="checkbox"/> | JH Cheerleader Sponsor | <input type="checkbox"/> | HS Cheerleader Sponsor | <input type="checkbox"/> |
| Class Sponsor     | <input type="checkbox"/> | JH Wrestling           | <input type="checkbox"/> | HS Forensics           | <input type="checkbox"/> |
| Yearbook          | <input type="checkbox"/> | JH Football            | <input type="checkbox"/> | HS Musical / Play      | <input type="checkbox"/> |
|                   |                          | JH Volleyball          | <input type="checkbox"/> | HS Debate              | <input type="checkbox"/> |
|                   |                          | JH Cross-Country       | <input type="checkbox"/> | HS Wrestling           | <input type="checkbox"/> |
|                   |                          | JH Golf                | <input type="checkbox"/> | HS Football            | <input type="checkbox"/> |
|                   |                          | JH Track               | <input type="checkbox"/> | HS Volleyball          | <input type="checkbox"/> |
|                   |                          | JH Boys' Basketball    | <input type="checkbox"/> | HS Cross-Country       | <input type="checkbox"/> |
|                   |                          | JH Girls' Basketball   | <input type="checkbox"/> | HS Golf                | <input type="checkbox"/> |
|                   |                          | JH Baseball            | <input type="checkbox"/> | HS Track               | <input type="checkbox"/> |
|                   |                          | JH Softball            | <input type="checkbox"/> | HS Boys' Basketball    | <input type="checkbox"/> |
|                   |                          |                        |                          | HS Girls' Basketball   | <input type="checkbox"/> |
|                   |                          |                        |                          | HS Baseball            | <input type="checkbox"/> |
|                   |                          |                        |                          | HS Softball            | <input type="checkbox"/> |

**PROFESSIONAL DATA**

Current Employment: \_\_\_\_\_

Date in which you fulfill contractual obligations if currently employed by a school district: \_\_\_\_\_

Do you have a current Kansas teaching certificate? Yes  No

If yes, date of expiration: \_\_\_\_\_  
*(Please enclose a copy of Kansas Certificate)*

**TEACHING EXPERIENCE (List Latest Job First)**

Date	Location
Position	Reason for Leaving
Date	Location
Position	Reason for Leaving
Date	Location
Position	Reason for Leaving
Date	Location
Position	Reason for Leaving
Date	Location
Position	Reason for Leaving
Date	Location
Position	Reason for Leaving

## AGREEMENT

1. I agree that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, terminated.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation and I release you from all liability for any damages that may result from your doing so.
5. I agree to observe all rules, regulations and policies of the district now in force and effect or as they may change during my employment, if I am hired by the district.
6. I understand and agree that the board has the option of doing a criminal history records check. The board can terminate employment if the results of the criminal history records check reveal that the applicant has been convicted of any offenses specified by law.

## SIGNATURE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date