APPLICATION FOR EMPLOYMENT

Dear Applicant:

Sanford School District 6J is seeking high quality candidates who meet Colorado Department of Education licensure requirements. For questions concerning licensure requirements please contact:

Colorado Department of Education Teacher Certification Unit 201 East Colfax Avenue Denver, Colorado 80203 (303) 866-6628

You must submit the following items to complete your application packet:

- Completed application
- Letter of interest
- Three (3) letters of recommendation (dated within the last two years)
- Current Resume
- College transcripts
- Copy of your Colorado Teacher's License

Return application and related material to:

Superintendent's Office Sanford School District 6J PO Box 39 Sanford CO 81151 (719) 274-5167 (719) 274-5830 fax

Sanford Schools is an Equal Opportunity Employee.

SANFORD SCHOOL DISTRICT 6J

TEACHER APPLICATION

| Name | | | | |
|----------------------------------------------|---------------------------------|--------------------|-----------------|------------|
| Last | First | Mid | dle | |
| Social Security Number | | Applicati | on Date | |
| Application for full time | or substitute | | | |
| Present Address | | | | |
| Number | Street | City | State | Zip |
| Permanent Address | | | | |
| Numbe | r Street | City | State | Zip |
| Telephone Number | Altern | nate Number | | |
| E-mail address: | | | | |
| TEACHING AREA PREFER | ENCE (List the grades for Elem | entary or Subject | s preferred for | Secondary) |
| Elementary | Middle School | High School | Othe | er |
| 1 st Choice | | | | |
| 2 nd Choice | | | | |
| 3 rd Choice | | | | |
| Do you hold a valid Colorado | Teaching License? Yes | No Have ap | plied | |
| Endorsement(s):(Please include a copy of you | r teaching license/certificate) | Expiration date: _ | | |

CERTIFICATION

(Please submit a photocopy of all of your Colorado teaching certificates with this application)

| Current Colorado Certificates | Date Issued | Date of Expiration | Certificate Number | Subject or Grades Appearing on Certificates |
|----------------------------------|-------------|-----------------------|-----------------------|---------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ACADEMIC PREPARATION FOR TEACHING

(List high schools, colleges, universities, and training institutions attended)

| chool and Location | Degree/Date | Major and Minor | Semester Hours | Grade Average |
|--------------------|--------------------|--------------------------------|--------------------------------------|--------------------------------------------|
| | | | | |
| | | | | |
| | chool and Location | chool and Location Degree/Date | chool and Location Degree/Date Minor | chool and Location Degree/Date Minor Hours |

TEACHING EXPERIENCE A. Student Teaching

| Name of School, City and State | Grades and Subjects Taught | Supervising Teacher/Phone number | Dates |
|--------------------------------|-------------------------------|----------------------------------------|-------|
| | | | |
| | | | |

B. Regular Teaching

(Include all contracted positions you have held as a certified teacher and school administrator.

List chronologically with most recent positions first)

| Name of school/Address (Zip Code) | Superintendent/Principal Name/Phone No. | Grades, Subjects Taught | Dates |
|-----------------------------------|--------------------------------------------|----------------------------|-------|
| | | | |
| | | | |

| Total number of years of full-time teaching experience in Colorado | outside Colorado |
|--------------------------------------------------------------------|------------------|
| | |

OTHER RELEVANT EXPERIENCES (MOST RECENT FIRST)

| Title/Description | Responsibilities and Assignments | Date From To | Name of Supervisor and Telephone Number |
|---------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| | | | |
| Are you currently under con | tract: Yes No | Date Availab | le |
| List participation within the laschools where you have been e | ast two years in any profession mployed. | nal activity for the | improvement of the school |
| | | | |
| | | | |
| | professional organizations of sibility you have held in these | a -a-man and a few and a second and a | member (mention any office |
| | | | |
| | | | |
| where and describe reasons (a | I from position or asked to rest ttach a separate sheet if necess | sary). | |
| Why do you wish to leave you | r present position? | | |
| | | | |
| Have you ever been convicted attached sheet of paper indicate | of a crime? YesNo ting date, charge, place and ac | If "yes", provition taken. | ide details on an |
| | ich may limit your ability to po es" please provide details on a | | |

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize any person or entity whatsoever, including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Sanford School District 6J, or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Sanford School District 6J, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Sanford School District 6J. I specifically waive any rights or privileges I have to confidentiality of such information and release Sanford School District 6J and any person or entity providing information from all legal responsibility or liability that might result from this authorization.

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in this application and supplement. I also understand that an omission or falsification of information on this application or any supplement may result in refusal of or immediate discharge from employment. I understand that any employment is conditioned on a background check. I also understand that filling out this form does not indicate there is a position open and does not obligate Sanford School District 6J to hire. If hired, I agree to abide by all district work rules, policies and procedures. The district retains the right to revise its policies or procedures, in whole or in part, at any time.

| Signature of Applicant | Date |
|------------------------|------|

In compliance with Title VI of the Civil Rights Act of 1964, Title X of the Education Act of 1972, and Section 504 of the Rehabilitation Act of 1973, Sanford School District 6J does not unlawfully discriminate on the basis of race, color, national origin, sex, or handicap in admissions, or access to, or treatment, or employment in educational programs or activities that it operates. Information regarding grievance procedures or complaints of alleged discrimination should be referred to the Superintendent of Schools of Sanford School District 6J at (719) 274-5167.