

UNIFIED SCHOOL DISTRICT NO. 423

Moundridge, Kansas

Box K, 526 East Cole
Moundridge, KS 67107
Telephone: (620) 345-5500

APPLICATION FOR CERTIFIED PERSONNEL

-----PERSONAL DATA-----

A. NAME: _____
(Last) (First) (Middle)

B. ADDRESS: _____
City _____ State _____ Zip Code _____

C. TELEPHONE _____ D. SOCIAL SECURITY # _____

E. HEALTH: How many days have you been absent from work or school during the past three years for non-school reasons? _____ Do you have any physical condition that may limit your ability to perform the job for which you are applying? _____ If so, please explain _____.

F. REFERENCES:

Name	Mailing Address Telephone No.	Position Held

-----PROFESSIONAL DATA-----

A. POSITION DESIRED: _____

B. ACTIVITIES IN WHICH YOU ARE COMPETENT AND WILLING TO DIRECT OR COACH, SUCH AS DEBATE, PUBLICATIONS, STUDENT COUNCIL, VOCAL GROUPS, BAND, PLAYS OR ATHLETIC TEAMS:

C. CURRENT EMPLOYER: _____ MAY WE CONTACT YOUR EMPLOYER? ___ YES ___ NO

D. ARE YOU NOW UNDER CONTRACT? _____. IF SO, WHEN DOES YOUR CONTRACTUAL OBLIGATION EXPIRE? _____

E. ARE YOU NOW CERTIFIED TO TEACH? _____. IF SO:

a. Which state issued the certificate _____ b. Date of issuance _____ c. Date of expiration _____

d. Type of certificate _____ e. Levels _____ f. Subjects for which you are certified (from certificate):

F. IN WHAT PROFESSIONAL ORGANIZATIONS DO YOU HOLD MEMBERSHIP? _____

-----**QUESTIONS**-----

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER.

1. BRIEFLY STATE YOUR PHILOSOPHY OF EDUCATION.
2. HOW WOULD YOU DEVELOP POSITIVE COMMUNICATION WITH PARENTS, COLLEAGUES AND ADMINISTRATION?
3. WHAT IS YOUR PHILOSOPHY REGARDING CLASSROOM MANAGEMENT?

-----**OTHER INFORMATION**-----

TO COMPLETE YOUR APPLICATION, PLEASE INCLUDE THE FOLLOWING:

- A. CREDENTIALS
- B. PROFESSIONAL RESUME OR VITA THAT INCLUDES:
- HIGH SCHOOL & COLLEGE OR UNIVERSITIES ATTENDED
 - HONORS RECEIVED AND ACTIVITIES IN WHICH YOU PARTICIPATED
 - WORK EXPERIENCE (PLEASE INCLUDE LOCATIONS, DATES, SUBJECTS, ETC.)

-----**INFORMATION FOR THE APPLICANT**-----

The following information is provided as further explanation of the policies and professional practices of USD No. 423:

- a. The individual teacher assumes the responsibility for obtaining certification and remaining certified. The teacher must register certification with the Clerk of the Board of Education when the teacher is elected to a position. Information on the requirements for certification and application forms may be obtained from the Director of Certification, Division of Educational Services, Kansas State Department of Education, 120 East 10th Street, Topeka, KS 66612.
- b. Teachers are placed on the current salary schedule in accordance with their training, experience and applicable Board of Education Policies and Contract Agreements.
- c. Application cannot be considered complete until transcripts and credentials are on file in USD No. 423. It is the candidate's responsibility to have these items forwarded. A personal interview is required. The application will be kept on file for a period of two years.
- d. If you are employed by USD No. 423, as a part of your employment process you will be required to pass a standard teacher's medical examination at the employee's expensed and to furnish the following: social security information, proof of date of birth and current State of Kansas certificate.
- e. This school system is an Equal Opportunity Employer and adheres to the requirement of Title IX. Any information obtained from inquiries in this application will not be used in any discriminatory manner that may be prohibited by law or regulation that may be applicable.
- f. Application format approved by the Board of Education of USD No. 423 on November 13, 2000.

-----**APPLICANT ACKNOWLEDGEMENTS**-----

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

I authorize any of the persons or organizations referenced in this application or my professional resume' or vita 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 damage that may result from furnishing such information to you. I authorize any background checks by any third party.

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.

I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.

Signature of Applicant

Date