

CREEDE SCHOOL DISTRICT EMPLOYMENT APPLICATION FOR LICENSED POSITIONS

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 attached sheet.
4. Print clearly; incomplete or illegible applications will not be processed.
5. The AFFIRMATIVE ACTION QUESTIONNAIRE is optional. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. Do not fill out another attached form until instructed.

NAME: _____		
LAST	FIRST	M.I.
SOCIAL SECURITY NUMBER: _____		
HOME PHONE: _____		WORK PHONE: _____
ADDRESS: _____		
STREET or PO BOX		
_____	_____	_____
CITY	STATE	ZIP

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 felon conviction will not necessarily bar an applicant 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 Creede School District
- Full-Time
- Part-Time
- Substitute

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE LICENSED

- | | |
|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Guidance | <input type="checkbox"/> K - 6 |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> 7 - 12 |
| <input type="checkbox"/> Other (Explain) | |

GENERAL INFORMATION:

Are you presently under contract? Yes No

If yes, where? _____ Present position _____

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

Have you ever been refused tenure (non-probationary) status? Yes No (If yes, comment below)

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

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

List other skills, licenses, fluency in other languages or certificates that are job-related: _____

GENERAL COMMENTS

TEACHING EXPERIENCE In chronological sequence, list all teaching experience (do not include substitute teaching)

Name of School	School District City/County	State	Position Held: Grade or Subjects Taught	Month/Date/Year	Total Years	Full- Time ✓	Part- Time ✓	Supervisor's Name and Phone Number

WORK EXPERIENCE OTHER THAN TEACHING List chronologically

Employer	City/County	State	Job Description	Employment Dates	Supervisor's Name and Phone Number

EDUCATIONAL AND PROFESSIONAL TRAINING List chronologically

Level of Education	Name of School	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance (from / to)
High School						
College or University						

STUDENT TEACHING EXPERIENCE

Name of School	School District City/County	State	Grade Level and/or Subject	Dates

GENERAL COMMENTS

CERTIFICATION

- A. If you have been issued a Colorado license, please submit a photocopy. Copy enclosed? Yes No License has not been issued
 Type of License _____
 Year of License Expiration _____ Endorsement(s) _____
- B. If you do not currently hold a Colorado license, have you made application? Yes No Does not apply
 Date Applied for license: _____
- C. If you have been issued a license or certificate in another state, please submit a photocopy. Yes No License has not been issued
 State _____ Expiration Date _____ License/Endorsements _____
 State _____ Expiration Date _____ License/Endorsements _____

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.*

Extracurricular Activities	High School Experience	College Experience	Contract Experience	Extracurricular Activities	High School Experience	College Experience	Contract Experience
Basketball				Intramural Director			
Volleyball				Athletic Director			
Wrestling				Athletic Trainer			
Volleyball				Debate			
Track				Forensics			
Cross-Country				Drama			
Softball				Yearbook			
Gymnastics				Newspaper			
Ice Hockey				Literary Magazine			
Football				Student Government			
Golf				Honor Society			
Tennis				Choir			
Soccer				Cheerleading			
Swimming				Dance			

GENERAL COMMENTS

SECURITY

- In which states have you lived the past seven years? (Include counties): _____

- Have you used any names (aliases, maiden names, married names, etcetera) or Social Security numbers other than given on page one? Yes No
 If so, please list _____
- Have you ever been convicted of a felony or served time for a felony? Yes No
- Have you been convicted of any crimes of moral turpitude or offenses involving children, handicapped, or the elderly? Yes No

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

Incident Date	City and 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 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 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 by 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 act called for in t his application may result in rejection of my application or discharge at any time during my employment. I authorize the Creede School District and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and / or during employment.

Applicants Signature	Date
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Return this application to: Buck Stroh, Superintendent
 Creede School District
 PO Box 429
 Creede, CO 81130