

Kashunamiut School District
Certified Employment Application

Personal Information

Name: _____
FIRST MIL LAST

Email: _____

Mailing Address

Box/Street #: _____

Address 2: _____

_____ _____ _____
CITY STATE ZIP CODE

Phone:		Alt. Phone:	
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Employment Desired

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Are you currently employed in a school district? Yes: _____ No: _____

Experience

Please list all relevant experience beginning with the most recent experience.					
Current/Most Recent Position	Contact Information			Supervisor/Reference Contact Information	
Date:	From:		To:		
Reason for Leaving:					
May we contact this employee?			Yes:		No:
Responsibilities of this position:					

Position	Contact Information			Supervisor/Reference Contact Information	
Date:	From:		To:		
Reason for Leaving:					
May we contact this employee?			Yes:		No:
Responsibilities of this position:					

Position	Contact Information	Supervisor/Reference Contact
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				Information	
Date:	From:		To:		
Reason for Leaving:					
May we contact this employee?		Yes:		No:	
Responsibilities of this position:					

Position		Contact Information		Supervisor/Reference Contact Information	
Date:	From:		To:		
Reason for Leaving:					
May we contact this employee?		Yes:		No:	
Responsibilities of this position:					

Position		Contact Information		Supervisor/Reference Contact Information	
Date:	From:		To:		
Reason for Leaving:					
May we contact this employee?		Yes:		No:	
Responsibilities of this position:					

Please include a resume with additional work experience.

Student Teaching (If done within the last 3 years)

School District:					
Address:					
School Phone:					
Dates of Student Teaching:	From:		To:		
Grade Levels and Subjects Taught:					
Name of cooperating teacher:					

Name of other cooperating teacher:		Phone contact:	
Name of University Supervisor:		Phone contact:	

Education

Please tell us about your educational background.
Colleges, Universities and Degrees Earned

Name of Institution Location	Dates: to/from	Areas of study Major/Minor	Degree conferred Date Conferred
Overall GPA:		Honors:	

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Overall GPA:		Honors:	

Name of Institution Location	Dates: to/from	Areas of study Major/Minor	Degree conferred Date Conferred
Overall GPA:		Honors:	

Certifications

Please list all certifications you currently hold.				
Type of Certificate Teaching/Administrative	State	Endorsements	Grades	Expire Date

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Type of Certificate Teaching/Administrative	State	Endorsements	Grades	Expire Date
Have you applied for an Alaska Certificate if you don't have one?		Yes:		Date:
		No:		
Teachers must have a completed application for certification received at the Alaska Department of Education before they will be allowed to begin work.				

List any extra curricular activities you would be interested in leading.	
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Statement

1. Describe the skills and attributes you believe are necessary to be a successful teacher.

2. Describe your classroom management plan that will ensure a smooth functioning classroom.

3. How will you establish a collegial relationship with the parents of your students?

Professional References

	Reference 1		Reference 2
Name			
Organization			
Position			
Relationship to applicant			
Phone #			
Alt Phone #			
Email			
Years Known			
	Reference 3		Reference 4
Name			
Organization			
Position			
Relationship to applicant			
Phone #			

Alt Phone #	
Email	
Years Known	

Additional Information

Please add any information you feel is important for us to know.

Disclosures

Are you under contract for the year for which you are applying for this position?	Yes:		No:	
If yes, which district.				
If yes, when does it end?				
Have you notified your employer of you application with us?	Yes:		No:	
Have you obtained tenure status in any other school district?	Yes:		No:	
If yes, where?				
What year to you gain tenure?				
Have you ever been denied tenure?	Yes:		No:	
If yes, please explain.				
Have you ever failed to be rehired, been asked to resign a position, resigned a	Yes:		No:	

position to avoid termination or been terminated?				
If yes, please explain.				
Have you ever had a teaching certificate or teaching license revoked?	Yes:		No:	
If yes, please explain.				
Are you a relative of any Board member, administrator, or supervisor who is currently serving this district?	Yes:		No:	
Name:				
Position:				
Relationship?				
Can you perform all of the essential job function(s) of the position(s) for which you are applying with or without reasonable accommodation?	Yes:		No:	
List any accommodations needed.				

Legal Information

Note: Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.				
Are you eligible to work in the U.S.?	Yes:		No:	
Have you ever been arrested, charged or convicted of a criminal offense other than a minor traffic violation?	Yes:		No:	
If yes, please explain giving dates.				

Please note: A conviction will not necessarily bar you from employment. Fact such as date of occurrence and rehabilitation will be considered. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Have you ever had any indicated finding of child abuse filed in your name?	Yes:		No:	
	If yes, please explain giving dates.			
Does your name appear on any sex offender database in any state or country?	Yes:		No:	

Equal Opportunity Employer

The Kashunamiut School District is an equal opportunity employer. The Kashunamiut School District ensures equal opportunities regardless of race, gender, creed, color, national origin, religion, age, sexual orientation or disability.

Applicant's Acknowledgment and Agreement

By checking the box below, the candidate authorizes the school district to conduct an investigation of candidate pursuant to The School Code to determine whether the candidate has been convicted of any criminal or drug offenses as set forth in such statute, and upon request, agrees to execute an investigation authorization form as a condition for candidate's employment. The School Code also stipulates that the School District perform a check on the Statewide Sex Offender Database. Candidate may not be employed unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of my information in the application to verify my statement, and I authorize past employers, all references and any other person to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability of damages on account of having furnished such information.

I _____ agree to all of the above.
Name of Candidate