

Instructional
Application Form
Unified School District 459
BUCKLIN SCHOOL DISTRICT
Bucklin, KS 67834

Address Application to:

Genita Parr, Clerk
PO Box 8
Bucklin, KS 67834

_____ (Last) (First) (Middle)

Residence Address _____

Until _____, 20 Phone _____

Office Address _____ Phone _____

Date of candidate's availability _____

Date of application _____

An Equal Employment/Educational Opportunity Agency Unified School District 459 does not discriminate on the basis of sex, race, color, national origin, disability, or age, in admission or access to, or treatment or employment in, its programs or activities.

PROFESSIONAL DATA

1. Current

Employment _____

2. Are you now under contract? _____ If so, when does your contractual obligation expire?

3. Are you certified in Kansas? _____ If so:

a. Issue and expiration dates

b. Kind of certificate _____

CHRONOLOGICAL EDUCATION EMPLOYMENT

4.

School Name and Location	Enrollment	Position or Duties	Dates	Months	Salary

Attach additional page if necessary

5. Professional memberships relevant to position applied for: _____

6. List names and addresses of two character or professional references:

Name	Address

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PERSONAL DATA

1. Is there anything that may affect your ability to perform your duties as a teacher? _____

2. Have you ever been convicted of a crime involving moral turpitude? Yes No

EDUCATIONAL DATA

1. High school _____

2. College training in chronological order:

School Attended and Location	Inclusive Dates	Degree and/or Hours	Major Field	Minor Field	Workshops or Seminars

3. Number of semester hours in major field: Undergraduate _____ Graduate _____

4. Number of semester hours in minor field: Undergraduate _____ Graduate _____

5. Professional honors and community activities _____

OTHER WORK EXPERIENCE

Employer and Location	Duties	Months	Dates	Salary

CANDIDATE'S EDUCATIONAL STATEMENTS

Please provide a brief narrative concerning your knowledge in each of the following areas:
(Use back of page if more space is needed)

- What is your educational philosophy
- Explain your thoughts as it relates to curriculum and instruction
- Briefly explain how you evaluate student performance
- Share with us your thoughts of integrating technology into classroom instruction
- If elected to this position one of your responsibilities will be to be accountable for student performance. Share how you would do this.

Attach additional pages as necessary.

ADDITIONAL DATA

1. If elected and conditions prove satisfactory to you, do you have any plans which would prevent your work in our school district for at least two years?

2. State briefly your reasons for wishing to be an employee in our district.

3. Please mention here anything not included elsewhere in this application which you feel will further support your candidacy.

References:

List three persons who may be contacted to give current information on your qualifications for the position.

(1)	(2)	(3)
Name		
Position		
Address		
Telephone		

Is it permissible to contact any or all of the above references? Yes ___ No ___ If no, after what date will contact be permissible?

APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

The following statements should be included on all job applications:

1. 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.
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 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