



Ell-Saline Unified School District Number 307

(785) 225-6813 • FAX (785) 225-6815

412 E. Anderson P.O. Box 157 • Brookville, KS 67425-0157

DATE AVAILABLE: ___/___/___

DATE OF APPLICATION: ___/___/___

Name _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Present Position _____

PERMANET ADDRESS (if different from above)

Address _____ City _____ State _____ Zip _____

Have you ever been convicted of a felony or any offense involving moral turpitude? Yes No

If so, when, where, and nature of offense: _____

APPLYING FOR POSITION OF:

SUBSTITUTE TEACHER

TEACHER

ADMINISTRATOR

Indicate (above) Grade or Secondary School Subjects in order of preference

Notice of non-discrimination. District USD 307 Ell-Saline. Applicants for admissions and employment, students, parents, employees, referral source of applicants for admission and employment, and all unions or professional organizations with collective agreements or professional agreements with the Ell-Saline district are notified that this district does not discriminate on the basis of race, color, national origin, sex, age, or disability for reasons of admission or access, or treatment, or employment in its programs and activities. Anyone who has questions regarding the regulations or conformities when implementing the Title VI, Title IX, or Section 504 program in the Ell-Saline school district, please contact Mr. Brian Rowley, who is the superintendent of the schools. The address is: 412 E. Anderson, P.O. Box 157, Brookville, Kansas, 67425, (785) 225-6813. Mr. Rowley has been appointed by the Ell-Saline District to coordinate the district's efforts to comply with regulations by implementing the Title VI, Title IX, or Section 504 program.

Aviso de no discriminación. Distrito USD 307 Ell-Saline. Los solicitantes para admisiones y empleo, estudiantes, padres de familia, empleados, fuente de referencia de solicitantes para admisión y empleo, y todas las uniones u organizaciones profesionales con acuerdos colectivos o acuerdos profesionales con el distrito de Ell-Saline son notificados que este distrito no discrimina basándose en raza, color, origen nacional sexo, edad, o discapacidad por motivo de admisión o acceso, o tratamiento, o empleo en sus programas y actividades. Cualquier persona que tenga preguntas con relación a las regulaciones o conformidades al implementar el programa Title VI, Title IX, o la sección 504 en las escuelas del distrito de Ell-Saline, favor de dirigirse o contactar al Señor Brian Rowley, quien es el superintendente de las escuelas. La dirección es : 412 E. Anderson, P.O. Box 157, Brookville, Kansas, 67425, (785) 225-6813. El Sr. Rowley ha sido designado por el distrito de Ell-Saline para coordinar los esfuerzos del distrito en cumplir con las regulaciones al implementar el programa Title VI, Title IX, o la sección 504.

GENERAL INFORMATION

Are there any positions for which you should not be considered or job duties you cannot perform?

What kind of teaching certificate do you hold? _____

What is the expiration date? ____/____/____ Is it valid in Kansas Yes No

Do you hold any endorsements? _____

Present salary: _____ Minimum salary you would expect: _____

EXTRA CURRICULAR ACTIVITIES

Please indicate which ones you could teach or sponsor. Indicate training and experience. (Forensics, school plays, vocal, band, football, basketball, track, etc.)

Supplemental Activity	# of Years	Assistant, Head, or Sponsor	Middle or High School Level	Institution Name, Address, & Phone
			Middle or High	_____ _____
			Middle or High	_____ _____
			Middle or High	_____ _____

TRANSCRIPT OF CREDITS

Graduating High School Attended:

List name and address.

Send Transcript to: USD307 Ell-Saline

Attn: Cindy Graf

412 E. Anderson, P.O. Box 157

Brookville, KS 67425-0157

College: List schools attended.

College Name	# of Hours	Major	Degree	Dates of Attendance	Did You Request the Transcript?
				From ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
				From ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
				From ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
				From ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Graduate Work—Institutes: List schools attended.

College Name	# of Hours	Major	Degree	Dates of Attendance	Did You Request the Transcript?
				From ____/____/____ To ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
				From ____/____/____ To ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TEACHER/ADMINISTRATOR WORK EXPERIENCE

Name of Institution Address	If a school—How many teachers were in the system?	If a school—What grades/ subjects did you teach? Position	Dates of Employment	Reason for leaving	May we contact your Supervisor's Name/number
_____ _____ _____			From ____/____/____ To ____/____/____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name/number _____
_____ _____ _____			From ____/____/____ To ____/____/____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name/number _____
_____ _____ _____			From ____/____/____ To ____/____/____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name/number _____
_____ _____ _____			From ____/____/____ To ____/____/____	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor's Name/number _____

PERSONAL MESSAGE

State briefly why you desire this particular position.

REFERENCES

Give five references who have first hand knowledge of your character, personality, and teaching ability.

Give references not used on college placement credentials.

	Name	Address	Phone Number	Official Position
1.		_____	()	
2.		_____	()	
3.		_____	()	
4.		_____	()	
5.		_____	()	

TEACHER/ADMINISTRATOR EXPERIENCE 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 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.

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.

I understand that if I am offered provisional employment in the school district that my fingerprints may be taken and a request made for a state and national criminal background check. I further understand that if the results of this criminal history check reveal that I have been convicted of any offense or any attempt to commit any offense specified in K.S.A. 1999 Supp. 72-1397 and amendments thereto that my employment may be terminated.

If offered a position with USD 307, as a condition of employment I shall submit to a physical examination conducted by a physician of the board's choosing, the costs therefore to be borne by the board. This examination may include a screening for illegal drugs (i.e. CDL holders).

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant _____

Date _____

Print Name Here _____