

DUPREE SCHOOL DISTRICT #64-2

PO Box 10, Dupree, South Dakota 57623

<http://dupree.k12.sd.us/>

An Equal Opportunity Employer

APPLICATION FOR CERTIFIED EMPLOYMENT

(Incomplete applications will not be considered.)

Please Type Clearly

Name _____ Date _____
(Last) (First) (Middle)

Present Address _____ Until _____
(City) (State) (Zip)

Phone _____ Phone _____ Cell Phone _____
(Daytime) (Evening)

E-mail Address _____ SSN _____

Permanent Address _____
(City) (State) (Zip)

Federal Law obligates us to provide reasonable accommodations for the known disabilities of the applicant, unless doing so would pose undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

FOR POSITION OF

Teacher _____
(Indicate grade level(s), subjects, or other specialization in order of preference. Please be specific)

Other _____

Please indicate in which schools you are seeking employment:

All Schools Elementary Junior High High

Thank you for expressing an interest in Dupree School District #64-2.

IMPORTANT NOTE: Before final consideration for employment, the candidate must have on file, with this application, a copy of teaching certification, a complete set of transcripts, and credentials or three letters of recommendation. It is the candidate's responsibility that all of these materials are provided. All candidates must qualify for South Dakota Teacher Certification/License prior to employment.

The Dupree School District #64-2 does not discriminate in its employment policies, or in its educational programs, on the basis of race, color, creed, religion, age, gender, marital status, disability, national origin, or ancestry.

EDUCATIONAL PREPARATION ("See Resume" is not sufficient)

Please List the Name & Address of Each School Attended	Subjects or Courses Studied	Type of Diploma or Degree Earned	Grad. Yes/No	Total Years Attended
High School				
Technical School				
College/University Work				
Graduate Work				
Other				

Highest Degree Earned: _____ Graduate semester hours earned **beyond** highest degree: _____

Undergraduate Major: _____ Undergraduate Minor: _____

Graduate Degree(s) in: _____

College Activities in which you participated: _____

STUDENT TEACHING EXPERIENCE (List only if no other applicable experience.)

Name of School	Location (City and State)	Grades or Subjects Taught	Dates	Cooperating Teacher

CERTIFICATION/LICENSE

Do you have South Dakota Teacher Certification? Yes No If "No," have you applied? Yes No
Please attach a copy of all certificates held, and summarize below.

CERT. NUMBER	SUBJECT OR GRADE LEVEL(S)	STATE ISSUED	EXP. DATE

Please list all South Dakota Co-Curricular (coaching) endorsements you currently hold:

EMPLOYMENT RECORD

In chronological order, beginning with your most recent or present employer, please list your employment experience. Include any job-related military service assignments and volunteer activities.

Present or Last Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Wage/Salary		
		Start:	End:	
Reason for Leaving:				
Second Previous Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Third Previous Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Fourth Previous Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				

REFERENCES:

(These should be persons familiar with your **professional work**. Include superintendents and principals who supervised you.)

1. _____
Name Title Address Telephone number(s)
2. _____
Name Title Address Telephone number(s)
3. _____
Name Title Address Telephone number(s)

<p>May we contact the employers and references listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please indicate by name which ones you do not wish for us to contact. _____</p>
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Check employment you will accept: Permanent Temporary Full-time Part-time

1. Would you be able to provide proof of citizenship, visa, or alien registration number if you were hired? Yes No

2. Have you ever been dismissed, been asked to resign from a position, or failed to be renewed during/after completing a probationary period? No Yes – explain_____

3. Are you currently under contract with another school district or educational institution?
 Yes No If "Yes," where?_____

4. State briefly why you desire this position:_____

- _____

- _____

In the box below, briefly describe one or more of your principle beliefs about public education, teaching or learning.

1. Are you able to perform the essential tasks of the job for which you are applying? No Yes
2. Have you ever been convicted of an offense other than a minor traffic violation? (DUI & DWI convictions are not minor and must be reported.) No Yes
3. Have you ever been arrested for a felony? No Yes
4. Have you ever been charged with a felony? No Yes
5. Have you ever been convicted of a felony crime? No Yes
6. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex-related offense? No Yes
7. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex-related offense? No Yes
8. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense? No Yes
9. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug-related offense? No Yes
10. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense? No Yes
11. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug-related offense? No Yes
12. Have you ever been arrested for an act of violence, including domestic violence? No Yes
13. Have you ever been charged with an act of violence, including domestic violence? No Yes
14. Have you ever been convicted of an act of violence, including domestic violence? No Yes
15. Has your professional license ever been revoked? No Yes
16. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed arrangement? No Yes
17. Have you ever been the subject of an investigation by a school district or any other employer? No Yes
18. Have you ever had sanctions placed on your teaching certificate for any reason? No Yes
19. Have you ever been denied a teaching certificate anywhere? No Yes
20. Is disciplinary action currently pending anywhere against your certificate? No Yes

If you responded "Yes" to any of the questions #2-20 above, please attach a detailed explanation.

21. _____ I understand that a background investigation will be conducted to verify the authenticity and
initial completeness of the information furnished by me.
22. _____ I hereby authorize the release of information by all previous employers regarding my job
initial performance.
23. _____ I certify that there are no misrepresentations, omissions, or falsifications in the foregoing
initial statements, and that the answers and the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.
24. _____ I further agree and consent in advance to being summarily discharged without cause or hearing
initial if any of the above information contains any misrepresentations of falsification or if any material information has been omitted.

Applicant's Signature

Date

For Office Use Only:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Teacher Certificate | <input type="checkbox"/> Credentials/References | <input type="checkbox"/> New Employee Info Sheet |
| <input type="checkbox"/> Employee Physical Form Complete | <input type="checkbox"/> Fingerprinting Complete | <input type="checkbox"/> Fingerprint Analysis Report Received | |
| <input type="checkbox"/> I-9 Form Complete | <input type="checkbox"/> W-4 Complete | <input type="checkbox"/> Copy of Driver's License & SS Card | |