GUNNISON WATERSHED SCHOOL DISTRICT

Driven to Be the Difference

800 North Boulevard
Gunnison, Colorado 81230
(970) 641-7760
FAX (970) 641-7777

Application for Professional Position

All qualified applicants will receive consideration for employment without regard to race, color, creed, sex, or national origin. This school district offers equal opportunity and treatment to all employers and qualified applicants.

POSITION DESIRED: _____

PERSONAL INFORMATION:

NAME:_____DATE OF APPLICATION_____
(Last) (First) (Middle)

ADDRESS:_____
(Street) (City) (State) (Zip)

OFFICE TELEPHONE : ( )_____ HOME TELEPHONE : ( )_____

EMAIL ADDRESS_____

HOW TO APPLY-

The following documents are needed in **one PDF attachment**:

Cover letter
Application
Current résumé
Statement of your "Philosophy of Education" on a separate piece of paper
Three reference letters (no more than two years old and no family member)
Transcripts (copies are acceptable)
Copy of Colorado teaching license

Email PDF attachment to: jklingsmith@gunnisonschools.net

GENERAL INFORMATION:

Do you hold a valid and appropriate Colorado Teachers License for the subject or position for which you have applied? Yes ☐ No ☐

If the answer is no please explain: _____

_____

_____

Give information below:

Colorado Teaching License:_____
Type and Number Expiration Date Endorsements

List the student activities you feel you could work with: (i.e., coaching, drama, speech, newspaper, cheerleading, etc.)

_____

_____

_____

Are you a certified CHSAA coach: Yes ☐ No ☐

EDUCATIONAL TRAINING:

	Dates (from – to)	Name of School	Degree	Date of Graduation
High School				
College or University				
Graduate School				
Other				

STUDENT TEACHING: (Persons with more than two years of teaching experience need not complete this portion.)

Name of City & School	Name of Critic Teacher	Subject or Grade	Dates	# Weeks	# Hours

EXPERIENCE: (Present Employer First)

	Date	Position
Name	From:	
Address	To:	
Supervisor	Reason for Leaving:	
Telephone		

	Date	Position
Name	From:	
Address	To:	
Supervisor	Reason for Leaving:	
Telephone		

	Date	Position
Name	From:	
Address	To:	
Supervisor	Reason for Leaving:	
Telephone		

	Date	Position
Name	From:	
Address	To:	
Supervisor	Reason for Leaving:	
Telephone		

REFERENCES:

Name	Position	Address	Telephone

PROFESSIONAL ORGANIZATIONS:

List the professional organizations to which you belong, include any position you may hold within those organizations.

_____

_____

_____

_____

COMMUNITY ACTIVITIES & ORGANIZATIONS:

List any community activities and organizations which you have participated in during the past three years.

_____

_____

_____

_____

COMMENTS:

List any significant information you feel we should know.

_____

_____

_____

_____

Are you willing to travel to Gunnison, Colorado, at your own expense for a personal interview?

Yes ☐ No ☐

I HEREBY CERTIFY by my signature that my application is complete and true to the best of my knowledge and has no intentional omission or misstatement.

Date_____ Signature_____

Email PDF attachment to: jklingsmith@gunnisonschools.net

Applications will be kept on file for **one year.** If the applicant desires to renew his/her application after one year, **a letter of renewal must be received by this office no later than the first of January of each year.**

No smoking is allowed in any school district working/meeting areas or vehicles. Selected applicant must comply with the Gunnison Watershed School District's Drug-Free Workplace policy.

APPLICANTS OATH

APPLICANT:_____ DATE:_____
Last First MI

SOCIAL SECURITY NUMBER:_____ DOB:_____

1._____Have you ever been convicted of a felony, pleaded nolo contendere or received probation for any offense involving moral turpitude? (Moral turpitude includes, but is not limited to, such offenses as theft, attempted theft, murder, rape embezzlement and indecency with a minor.)

If yes, state the nature of the offense, date of the conviction, the name and address of the court and other pertinent details:

_____

_____

_____

***Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.**

2._____Have you ever been involuntarily terminated or asked to resign from the employment of another school district/ or employer other than a school district?

If yes, please give the name of the district, the date and the reasons for the termination or request for resignation:

_____

_____

_____

3._____Are you aware of any reason you would not be able to perform the duties required of the position for which you are making an application?

If yes, please explain:

_____

_____

_____

_____ _____

Signature of Applicant Date