



UNIFIED SCHOOL DISTRICT NO. 504
OSWEGO, KANSAS

**APPLICATION FOR
EMPLOYMENT**

FOR A CERTIFIED POSITION

Name <i>(Last)</i>		<i>(First)</i>		<i>(Middle)</i>			
Street Address		City		State		Zip Code	
Home Phone		Business Phone			Present Position		
Permanent Address <i>(if different from above)</i>					Phone		
City		State			Zip Code		
Position For Which You Are Applying							
List Activities You Are Qualified To Coach Or Sponsor							
Date Of This Application				Date Of Applicant's Availability			

This application will be placed on file for consideration when and if vacancies occur. It should be complete and accurate in every detail. Mail completed applications to:

Terry L. Karlin, Superintendent
Unified School District No. 504
P.O. Box 129
Oswego, Kansas 67356

NOTICE OF NONDISCRIMINATION

Applicants for employment are hereby advised that U.S.D. No. 504 does not discriminate with regard to race, color, religion, sex, age, marital status, veteran status, non-job-related medical condition or handicap when considering candidates for employment.

PERSONAL INFORMATION		
Name	Social Security Number	
State That Issued Your Certificate	Date of Issue	Expiration Date
List Subjects and Endorsements on Your Certificate		

Are you a citizen of the United States of America? Yes ___ No ___

In the past two years (24 months) how many days have you missed work due to illness? _____

Do you have any medical conditions or handicaps which preclude you from performing any teaching or educational duties? Yes ___ No ___

Have you ever been convicted of any crime, including misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes ___ No ___

(If you answered yes to either of the prior two questions, please explain by stating complete and accurate details on a separate page attached to this application)

REFERENCES		List at least five references who have knowledge of your scholarship, character, ability, and personality.	
Name	Address	Telephone	Official Position

EDUCATION

Name and Location of High School			Date of High School Graduation		
Name and Location of College/Univ.	Dates Attended (month/year)	Major/ Minor	Credit Hours	Degree	Date of Graduation
	<i>From:</i> <i>To:</i>				
	<i>From:</i> <i>To:</i>				
	<i>From:</i> <i>To:</i>				
	<i>From:</i> <i>To:</i>				

Total semester hours - undergraduate major field _____
 Total semester hours - undergraduate minor field _____
 Total semester hours - graduate major field _____

STUDENT TEACHING EXPERIENCE

School _____ Subject Area(s) _____
 U.S.D. No. _____ Cooperating Teacher _____

TEACHING EMPLOYMENT HISTORY

Please state accurate, complete information regarding your teaching experience. Start with your present or most recent employer.

Name and Address of School	Dates Employed (month/year)	Subjects/Grade You Taught	Name of Principal or Supervisor
	<i>From:</i> <i>To:</i>		<i>Phone:</i>
	<i>From:</i> <i>To:</i>		<i>Phone:</i>
	<i>From:</i> <i>To:</i>		<i>Phone:</i>
	<i>From:</i> <i>To:</i>		<i>Phone:</i>
	<i>From:</i> <i>To:</i>		<i>Phone:</i>

(Attach additional page, if necessary)

NON-TEACHING EMPLOYMENT	
Name and Address of Employer Telephone:	Dates Employed <i>From:</i> _____ <i>To:</i> _____
	Your Position/Duties
Name and Address of Employer Telephone:	Dates Employed <i>From:</i> _____ <i>To:</i> _____
	Your Position/Duties
Name and Address of Employer Telephone:	Dates Employed <i>From:</i> _____ <i>To:</i> _____
	Your Position/Duties

Please list any honors, awards, or publications you would like us to know about when considering your application.

Please state your reason(s) for desiring to teach in the Oswego - Service Valley School District.

AN OFFICIAL TRANSCRIPT OF ALL RELEVANT COLLEGE/UNIVERSITY COURSES AND PROFESSIONAL CREDENTIALS FROM YOUR PLACEMENT SERVICE ARE REQUIRED TO COMPLETE YOUR APPLICATION.

I hereby certify that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that, if I am employed, any misstatement or omission of fact submitted by me in this application shall be considered cause for dismissal, therefore, I authorize Unified School District No. 504 designated officials to have access to and verify any records that are relevant to the information contained herein that may be maintained by any law enforcement agency or department, educational institution or the legal custodian of such records. I further authorize job-related inquiries to be made of any and all former employers and references listed in my application, resume or credentials.

DATE: _____

SIGNATURE OF APPLICANT