

**Altoona-Midway USD 387**  
833 River Street PO Box 128  
Altoona, KS 66710  
Dr. Don Grover, Superintendent  
Phone: 620-568-5725, Fax: 620-568-5755

**APPLICATION FOR CERTIFIED EMPLOYMENT**

**Date** \_\_\_\_\_

Notice to Applicant:

It is the policy of the Board of Education of Unified School District No. 387, Altoona, Kansas, to assure equal opportunity to qualified individuals regardless of their race, religion, color, sex, disability, national origin, ancestry, or age, and to promote the full realization of equal employment opportunities to everyone.

This policy covers all aspects of the employment relationship including recruitment, hiring, placement, promotion, transfer, training and apprenticeship, compensation, layoff, termination, and harassment.

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

COMPLETE ADDRESS AND PHONE NUMBER:

Present: \_\_\_\_\_

Permanent: \_\_\_\_\_

TEACHING POSITION(S) DESIRED:

Elementary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Other: \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL TRAINING

Type of School	Name of School and Location	Type of Degree	Dates	Total Semesters in Education
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High School \_\_\_\_\_

Undergraduate \_\_\_\_\_

Graduate Work \_\_\_\_\_

Special Work \_\_\_\_\_

## TEACHING EXPERIENCE

Please list the jobs you have held. List most recent job in the first space.

Name of School	Location	Grade/Subjects Taught	Dates
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## REFERENCES

List below persons who know about your ability and about your general qualifications. Qualification of applicants under consideration may be investigated by correspondence. Five recent references are requested.

NAME AND TITLE	ADDRESS AND PHONE NUMBER
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**GENERAL INFORMATION**

Do you hold a Kansas Teaching License? Yes  No

Expiration: \_\_\_\_\_

Teacher License

Endorsements: \_\_\_\_\_

\_\_\_\_\_

Are you now under contract? Yes  No

Expiration: \_\_\_\_\_

Present Annual Salary: \_\_\_\_\_ Expected Annual Salary: \_\_\_\_\_

Have you ever been dismissed or asked to resign from employment? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Why do you wish to leave your present position? \_\_\_\_\_

\_\_\_\_\_

Why do you wish to teach in this district? \_\_\_\_\_

\_\_\_\_\_

How long do you plan to reside in this area? \_\_\_\_\_

Do you plan to continue graduate work? Yes  No  If so, in what field? \_\_\_\_\_

\_\_\_\_\_ Where? \_\_\_\_\_

What extra-curricular activities are you willing to direct and/or sponsor? \_\_\_\_\_

\_\_\_\_\_

In the event of a vacancy, Unified School District No. 387 will need a completed application on file, a copy of your resume', a copy of your teaching license, and your credentials sent to our office. The afore mentioned items are needed only in the event of a vacancy.

Have you requested your credentials to be sent to our office? Yes  No

Name of University: \_\_\_\_\_

## AGREEMENT

I hereby certify that the information on this application is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal: and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. Furthermore, it is understood that this application and records become the property of the District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

In addition, I hereby authorize Unified School District No. 387 to conduct work history, personal reference, and/or police record inquiries to determine my acceptability for employment. 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.

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Signature of Applicant

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Date