APPLICATION FORM FOR CERTIFIED STAFF

UNIFIED SCHOOL DISTRICT NO. 273

Mitchell County, Kansas

Each applicant for a position in the Unified District 273 Schools will fill in an application form. Failure to comply with the directions given will be to the disadvantage of the applicant. If the applicant is selected and accepts a position in the Unified District 273 Schools, the information given herein becomes a part of the Board of Education's professional record. Therefore, be sure that all information is accurate, complete, and legible. The amount of space provided for answering some items is necessarily and purposely limited; we suggest you word answers to these items carefully. Please be sure to include your complete transcript with this application and notify your placement bureau to send a set of your credentials to the U.S.D. 273 office.

Please provide all information requested and respond to all of the questions on this form.

Superintendent of Schools Unified School District No. 273 P.O. Box 547 2020 N Independence Beloit, Kansas 67420

1.	Name:	Date	Date:				
	(Last)	(First)	(Middle)				
2.	Present Address:						
	Phone/s:	(Street)	At this address until (date):	(State) (Zip)			
3.	Permanent Address if Different: _		Phone:				
1.	Email Address:						
5.	Personal History a. Do you have any impairments - physical, mental or medical - which would interfere with your ability to do the job for which you have applied? (yes or no): If Yes, please explain:						
	 b. Do you have or are you a carrier of any communicable disease which may endanger others? If Yes, please explain: 						
	 c. Are there any positions for which you should not be considered because of a physical or mental handicap? If Yes, please explain: 						
	d. Have you ever been convicted of a felony? (yes or no): If Yes, please explain:						

e. Subsection (d) of Section 1 of Senate Bill 432 provides that a local board of education may offer "provisional employment" to a person while the results of a criminal history background check on the person are pending. It further provides that the contract of employment for such a person "shall specify" that the contract is subject to termination if the results of the background check reveal a conviction of an offense, or an attempt to commit an offense, specified in K.S.A. 1999 Supp. 72-1397.

- Osition you are a	pplying for (Subjects	and/or Grades	s) in Order of Prefe	erence:
School term for which yo	ou will be available fo	or employment.		
At the time of making ap	oplication, are you ur			ol term?
Kind of teaching certifica		/ELS	DATE OF ISSUE	DATE OF EXPIRATION
List activities you are c groups, student council, put			ach: (Debate, plays, I	pand, orchestra, voca
List all professional orga	anizations of which y	ou are a memb	per and offices held	d.
UNDERGRADUATE A universities attended as school or college		AM. Please lis	•	chools, colleges a
t your major teaching field			3	
1. t minor teaching fields yo	2 u might wish to teacl	h in order of pro	eference:	
t minor teaching fields yo	u might wish to teacl	h in order of pro	eference:	

13. GRADUATE AC		RAM. Pleas		ersities attended a <u>ATTENDED</u> TO	s a graduate student. <u>DEGREE, IF ANY</u>
List your graduate i Major: Minor:	major and minor f				
Graduate honors i	eceived:				
What definite plan	s have you for pr	eparing you	rself further fo	or teaching?	
15. RECORD OF POSITION, NA one company or summer employ	EMPLOYMENT. ME OF EMPLOY school. Arrange ment unless you co	of separation PLEASE /ER, ADDRI with more re	GIVE THE DESS, AND SA	DATES OF EMPLO ALARY. Include choward the top. Do	OYMENT, TITLE OR anges of position withir not include part-time oblication account for any
substantial perio	Position	Schoo	ol or Company Nam	ne, Address, & Phone Nun	nber Salary
					\$
					\$
					\$
					\$
					\$
16. Please give a owhich you feel student-teachir	characterize <u>your</u>	•		ose qualities - asse ition. This will also	

17.	Please describe any the position you are s		you feel have	significantly contr	ibuted to you	r abilities for
18.	In the event we reque	st a personal intervi	ew, when wo	uld this be most c	onvenient?	
19.	REFERENCES. Plea we may solicit letters NAME		ng your ability		o five persons LENGTH OF TIME KNOWN	S from whom NATURE OF ASSOCIATION
20.	The space below is p information already re be attached if you so	equested which you		,		

21. INFORMATION FOR THE APPLICANT:

YOUR APPLICATION. We appreciate sincerely the time and interest you have given in completing your application to the Unified 273 School system. We hope to reciprocate this by giving your application prompt consideration. If you have other questions concerning employment in the Unified District 273 Schools or the community itself, we will make every effort to answer them for you.

RETURN THIS APPLICATION TO:

Superintendent of Schools Unified District No. 273 P.O. Box 547, 2020 N. Independence Beloit, Kansas 67420

Or Email to: beloitschools@usd273.org

NON-DISCRIMINATION STATEMENT. Unified School District No. 273 does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission, access to, treatment, or employment in its programs or activities.