



APPLICATION FOR CERTIFIED / LICENSED PERSONNEL

Date Application Submitted \_\_\_\_\_

APPLICANT:

Social Security Number \_\_\_\_\_

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

Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

At this location until: \_\_\_\_\_ (date)

E-Mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Fax \_\_\_\_\_

EMPLOYMENT AREAS OF INTEREST

LEVEL: Please identify in numerical order the preferred level(s) for which you would like to be considered:

- ( ) Elementary, Grades K-6 ( ) Senior High, Grades 9-12
( ) Middle School, Grades 7-8 ( ) Special Education

SUBJECT AREA: Identify in numerical order the subject area(s) or special education area(s) for which you wish to be considered:

- REGULAR EDUCATION SPECIAL EDUCATION
( ) \_\_\_\_\_ ( ) \_\_\_\_\_
( ) \_\_\_\_\_ ( ) \_\_\_\_\_
( ) \_\_\_\_\_ ( ) \_\_\_\_\_
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

COACHING and SPONSORSHIP: Circle any of the following that you are able to direct or coach, and indicate training and experience: Scholars' Bowl, Clubs, Debate, Forensics, School Plays, Yearbook, Cheerleaders, Baseball, Basketball, Cross Country, Football, Golf, Intramurals, Soccer, Softball, Swimming, Tennis, Track, Volleyball, Wrestling, or Other:

Training and Experience: \_\_\_\_\_

## PROFESSIONAL DATA

Current employment \_\_\_\_\_

Are you now under contract? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you successfully completed the required Kansas pre-standard certification / licensure tests? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold a valid Kansas teaching certificate / license? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please state:

A. Certificate/License type: \_\_\_\_\_  
(Professional, Conditional, Standard, etc.)

B. Expiration date \_\_\_\_\_

C. Endorsement subject(s): *(Please list below)*

Subject(s)	Grade Levels
_____	_____
_____	_____
_____	_____

If **no**,

A. Have you applied for Kansas licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you hold a valid teaching license from another state?  
Yes \_\_\_\_\_ No \_\_\_\_\_ From which state? \_\_\_\_\_

C. Type of license \_\_\_\_\_

D. Expiration date \_\_\_\_\_

D. Are you Highly Qualified in any other subject areas not listed on your teaching license? (Subject areas must be approved by the Kansas State Department of Education under their definition of 'Highly Qualified' and be indicated as such on KSDE's licensure database). Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what subjects and grade levels? *(Please list below)*

Subject(s)	Grade Levels
_____	_____
_____	_____

Have you retired through the Kansas Public Employees Retirement System (KPERs) from another public school district?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, from what district? \_\_\_\_\_

## EDUCATIONAL DATA

High School attended \_\_\_\_\_

College or university training in chronological order beginning with the most recent:

Name and Location of Institution	Dates Attended	Degree and/or Hours	Major Field	Minor Field

Number of semester hours in major field: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Number of semester hours in minor field: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

College honors and activities \_\_\_\_\_

\_\_\_\_\_

### RECORD OF EDUCATIONAL POSITIONS

Please list in chronological order beginning with the most recent:

School Name and Location	Enrollment of School	Position or Duties	Inclusive Dates	Salary

### REFERENCES

Please list the names of persons you authorize USD 428 to contact for reference concerning your qualifications. The district reserves the right to contact additional individuals concerning your qualifications for employment. References should be listed in chronological order beginning with the most recent:

Name	Position	Address	E-Mail Address	Phone

### AWARDS AND HONORS

Please list community and professional honors, publications, offices held in community / professional organizations, fellowships, and other recognition received for professional / community accomplishments.

---



---



---



---



---

## ADDITIONAL DATA

State briefly your reasons for wishing to be a certified employee of Unified School District 428.

Please mention here anything not included elsewhere in this application which you feel will further support your candidacy.

Are you fluent in any other languages? If so, please name them.

Have you ever been convicted of a felony crime?    Yes        No        If yes, briefly explain:

## REQUIREMENTS FOR APPLICATION

In order to be complete, an applicant's file shall include the following materials:

- A completed application form
- A letter of application
- A current resume
- Credentials (placement file) from the parent university
- Transcripts (photocopies acceptable)
- Teaching certificate / license (photocopy acceptable)
- Completed teacher application supplement

Upon receipt of the above information, your application will be complete and ready for review. As positions become available, your application will be given full consideration. When personal interviews are needed, you will be contacted. This file will be kept active through December 31 of the year of initial activation. After that time, it can be reactivated by request. Files remaining inactive for one year will be destroyed.

*I have completed this application to the best of my knowledge and do swear that all information stated here is accurate.*

*I give my permission to personnel of Unified School District 428, Great Bend, to make job-related inquiries of employers and references.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please forward all correspondence and application documents to:

**Director of Curriculum and Instruction**  
**Unified School District 428**  
**201 Patton Road**  
**Great Bend, Kansas 67530-4613**  
Telephone: (620) 793-1500    Fax: (620) 793-1585  
<http://www.usd428.org>

❖ ❖ USD 428 IS AN EQUAL EMPLOYMENT / EDUCATIONAL OPPORTUNITY AGENCY ❖ ❖

Date Received:

**USD 428 EDUCATION CENTER USE ONLY**

_____ Application	_____ Letter of Application	_____ Resume/Vita	_____ Credentials
_____ Transcripts	_____ License	_____ Supplement	_____ Other

# USD 428 - Supplement to the Certified Teacher Application

Name \_\_\_\_\_

Date \_\_\_\_\_

*In your own handwriting, please answer the following questions.*

1. Describe an effective teacher.
2. Why did you want to become a teacher?
3. What do you believe are your major strengths as a teacher?
4. What approaches do you find to be most effective in motivating students?
5. What do you do when students question your instructional plans?
6. What is most rewarding to you about your teaching?



## APPLICATION ADDENDUM

---

201 Patton Road, Great Bend, Kansas 67530-4613 Telephone 620-793-1500 Fax 620-793-1585

---

### **Applicant's Job Application Acknowledgments**

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
  
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application; and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
  
3. I authorize you to request, receive, and verify all information given on this application, and I release you from all damages that may result from your doing so.
  
4. 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. I further authorize the release of results to the state and local boards of education as may be required by law.

---

Signature of Applicant

---

Date