

Dated: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT CERTIFIED PERSONNEL

SOUTHERN WELLS COMMUNITY SCHOOLS  
9120S 300W  
Poneto IN 46781  
(765) 728-5537

Southern Wells Community Schools is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, handicap, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Southern Wells Community Schools will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

PLEASE RETURN THIS COMPLETED APPLICATION FORM WITH YOUR RESUME, COVER LETTER, A LIST OF THREE REFERENCES, AND A COPY OF YOUR TEACHING LICENSE. PRINT OR TYPE THE INFORMATION REQUESTED ON THIS FORM.

DIRECTORY INFORMATION: Please provide the directory information noted below.

Name: \_\_\_\_\_  
Last First Middle

Are you known to schools/references by any other name? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what name(s) \_\_\_\_\_

Present Address \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (if different than above) \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING: Check all that apply.

\_\_\_\_\_ Teacher or Counselor \_\_\_\_\_ Administrator

Specific Subject/Grade Level(s) or type of Administrative Position: \_\_\_\_\_

EDUCATIONAL AND PROFESSIONAL TRAINING: List below information relative to educational and professional training.

Type of School	Name and Location	Major(s)	Minor(s)	Degree	Years Attended
High School					
College					
College					
Grad School					
Other					
Other					

Are you registered with a college placement office? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, where? \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE:** Counselors list practicum, field experience and internship.

Dates of assignment \_\_\_\_\_ to \_\_\_\_\_

School \_\_\_\_\_

School Corporation \_\_\_\_\_

Subjects/Grade Levels of Assignment \_\_\_\_\_

Supervising Teacher(s) \_\_\_\_\_

Supervisor's Address \_\_\_\_\_

Phone: \_\_\_\_\_

**TEACHING EXPERIENCE:** List all experience in chronological order beginning with most recent.

Name and Location	Grade/ Subjects	From	To	Reason for Leaving

**ADMINISTRATIVE EXPERIENCE:** Dates of assignment: \_\_\_\_\_ to \_\_\_\_\_

School: \_\_\_\_\_ Corporation: \_\_\_\_\_

Position: \_\_\_\_\_

Immediate Supervisor(s): \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**MILITARY EXPERIENCE:** Provide information relative to military experience if applicable. Form DD 214 is required upon hiring as proper documentation for salary purposes.

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Dates of duty: \_\_\_\_\_ to \_\_\_\_\_

WORK EXPERIENCE OTHER THAN TEACHING: List all work experience in chronological order, beginning with the most recent assignment.

Name and Location of Business	Type of Business	From	To	Position

INDIANA CERTIFICATION: Applicants should possess a valid Indiana Teaching Certificate or be taking the necessary steps to determine eligibility for certification. Provide certification information requested:

Preparation Level (Elem, Sec., Etc.) \_\_\_\_\_

Graduation: (Life, Etc.) \_\_\_\_\_

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Serial Number \_\_\_\_\_ Subject Endorsement \_\_\_\_\_

SUPPLEMENTARY INFORMATION: List information relative to the types of experiences or questions noted below.

Significant experiences that you have had working with children.

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List the student activities or sports that you feel competent to direct.

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Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temp Contract

Are you on a lay-off and subject to recall? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you filed an application with us before? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been employed here before? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, give the date(s): \_\_\_\_\_

Do you have any relatives that are employed here? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list them by name: \_\_\_\_\_

SALARY INFORMATION: Provide information relating to salary.

Indiana Teacher Retirement Number: \_\_\_\_\_

**PROFESSIONAL ORGANIZATIONS:** List the professional organizations in which you have been most active. Indicate any offices held.

Organization	Membership Length	Office(s) Held

**COMMUNITY ACTIVITIES:** Indicate the community activities that you have been most involved in and the nature of your involvement.

Activity	Length of Involvement	Nature of Involvement

**DISTINCTION AND HONORS:** list below any information about you that may distinguish you from other applicants. This information may include travel, honors, publications, advanced study, participation in special programs, etc.

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**REFERENCES:** Please list three references, including present and former principals, department heads, or college instructors under whom you have worked.

Name	Position	Phone
1)		
2)		
3)		

**BACKGROUND INFORMATION:** Since teaching involves contact with students, please respond to the questions below to aid in the evaluation of your application. Any affirmative answer that you provide should not be construed as an automatic disqualification of your application; rather, an affirmative response shall be evaluated in terms of the relationship of the action/consequence to the position for which you are applying.

- 1.) If you are working presently, is your conduct as an employee or the quality of your work the focus of any investigation or review by your current employer to the best of your knowledge? \_\_\_\_\_ yes  
\_\_\_\_\_ no

If yes, explain the circumstances on a separate sheet and attach to this application.

- 2.) Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be subject to contract cancellation or disciplinary proceedings? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain the circumstances on a separate sheet and attach to this application.

- 3.) Have you ever been investigated for, charged with, please guilty or “no contest” to, or been convicted of any crime of moral turpitude, including child abuse, indecency with a minor, sexual abuse of any person, or physical abuse or assault of any person? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain the circumstances, including listing any crime which you may have been charged with and the final disposition of the matter, on a separate sheet and attach it to this application.

- 4.) Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, explain the circumstances, including listing any crime with which you may have been charged and the final disposition of the matter, on a separate sheet and attach it to this application.

### **APPLICANT’S STATEMENT**

(Please indicate that you have read and that you understand each paragraph of the Applicant’s Statement by placing your initials beside each paragraph.)

\_\_\_\_\_ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE by the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references of former employers that are given in response to the inquiry.

\_\_\_\_\_ I hereby release all parties, including but not limited to the school corporation, personal references, and previous employers, from any and all liability for injury or damage that may result from their furnishing information to the school corporation concerning me or any action the school corporation takes on the basis of such information.

\_\_\_\_\_ I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentations to verify their identity and United States citizen status, or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by the school corporation is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by the school corporation, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other school corporation materials do not create any guarantee of employment and that the school corporation has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of the school corporation, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on the school corporation.

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

\_\_\_\_\_  
Date

NOTE: Applications shall remain on file for a period of one year. Renewal of the application is the responsibility of the applicant, and can be accomplished by forwarding a written request for renewal to the Office of the Superintendent.

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FOR OFFICE USE ONLY

Application _____	Interview Dates _____	Interviewer(s) _____	Board Approved _____
Credentials _____	_____	_____	Assignment _____
Transcripts _____	_____	_____	Replacing _____
References _____	_____	_____	

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