

Education and Professional Training				
Type of School	Name and Address of School	Major(s)	Minor(s)	Degree
High School				
College				
College				
Other				

Licensing Information					
Type of License	Grade	Issuance Date	Expiration	Serial Number	Endorsement

Teaching Experience						
Name & Complete Address of School (Begin with most recent experience)	Grades or Subjects Taught	From MO YR	TO MO YR	Reason for Leaving		

Student Teaching Experience (Complete this section if you have less than five years teaching experience)						
Name and Address of School (Begin with most recent experience)	Grades or Subjects Taught	From MO YR	To MO YR	Supervising Teacher		

Present Contractual Relationship
Present Contract Expiration Date: _____
Present Salary: _____ Date Available: _____

Experience Credit	Military Experience
Number of Full Years of Teaching _____ Number of Years of Military Service _____ TOTAL CREDIT _____	Branch _____ Rank _____ Dates of Active Service _____ Number of Months Active Duty _____

(Must teach 120 days in a public school to receive credit on the salary schedule for a full year)

Non-Teaching Work Experience						
Name and Address of Company (Begin with most recent)	Kind of Business	From MO YR		To MO YR		Reason for Leaving

NOTE: Candidates who have graduated from out-of-state colleges and universities should have teaching credentials evaluated by the Licensing Division, State Department of Education, State House, Indianapolis, Indiana 46304.

Personal

How many days were you absent from work in the last year? _____
 Date available to begin employment: _____

Please list any type(s) of Professional Recognition, Memberships, Extra-Curricular Activities

Please include any remarks or qualifications which may be of interest

References

Give at least four references, including Principals and Superintendents for whom you have taught

Name	Address	Telephone	Official Position
1.			
2.			
3.			
4.			
5.			

College or University Credentials/NTE Testing

Is your credential file current? ____yes ____no Have you requested it be forwarded to us? ____ yes ____no

Have you taken the required licensing exams? ____yes ____no Provide scores below:

Content area	Score

If yes, list area(s) taken: _____

COLLEGE/UNIVERSITY PLACEMENT OFFICE ADDRESS:

School: _____ Address: _____

City: _____ State: ____ Zip: _____ Telephone: _____

AUTHORIZATION

I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the school district shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I authorize the school district to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the school district any information they may have regarding me. In consideration of the school district's review of this application, I hereby release the district as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

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 have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Signature of Applicant

Date

This document and accompanying information will be kept for five (5) years in our files. It is the applicant's responsibility to contact our office to activate this file each year in order to be considered for positions that may become open.

THIS SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, NATIONAL ORIGIN, DISABILITY, RELIGION OR AGE.

WA-NEE COMMUNITY SCHOOLS

Applicant's Name: _____ Date: _____

Please answer the following questions to the best of your ability in the space provided.

■ What teaching techniques are most effective?

■ Briefly describe three possible explanations for a student's poor progress:

■ How will you deal with the disruptive learner or reluctant learner?

■ What methods will you use to communicate with the parents of your students?

■ **When you have an idea you believe is good for your school, how would you go about getting it accepted and implemented?**

■ **What areas do you feel need to be addressed to make schools/learning more effective?**

■ **Why do you want to be a teacher in this district? How would this position support your long-range professional goals?**

■ **What special or unique skills do you possess that would give us reason to hire you over other qualified candidates?**

REQUEST FOR BACKGROUND INFORMATION

- A. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? Yes ___ No ___ If yes, explain the circumstances on a separate sheet and attach it to this application.
- B. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes ___ No ___ If yes, explain the circumstances on a separate sheet and attach it to this application.
- C. Have you been investigated for, charged with or plead guilty or "no contest" to a crime that has not been expunged or otherwise remains a public record and which involves the sexual abuse of any person or indecency with a minor? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.
- D. Have you ever been convicted of a crime other than a minor traffic offense that has not been expunged or otherwise remains a public record? Yes ___ No ___ Include convictions for traffic offenses involving the use or possession of alcohol or controlled substances, or offenses in connection with accidents involving serious injury to persons or property. If yes, please describe on a separate sheet of paper the nature of the offense, the name of the court entering the convictions, the date of the incident giving rise to the conviction and any other information concerning the circumstances you consider relevant.
- E. Have you ever been charged with a crime, other than a minor traffic offense that has not been expunged or otherwise remains a public record, in which the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or educational program? Yes ___ No ___. If yes, explain the circumstances on a separate sheet and attach it to this application.

An unintentional misrepresentation or affirmative answer provided by you on this application is not an automatic bar to employment. Wa-Nee Community Schools will consider the nature of any such conviction of public record or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying.

AUTHORIZATION AND RELEASE

I authorize Wa-Nee Community Schools to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide Wa-Nee Community Schools any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS OR CAUSES OF ACTION, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLECTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST WA-NEE COMMUNITY SCHOOLS, ITS OFFICIALS, EMPLOYEES, TRUSTEES OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN. FURTHERMORE, IT IS UNDERSTOOD THAT THIS APPLICATION AND RECORDS BECOME THE PROPERTY OF WA-NEE COMMUNITY SCHOOLS, WHICH RESERVES THE RIGHT TO ACCEPT OR REJECT IT. I FURTHER AGREE TO OBSERVE ALL RULES, REGULATIONS, AND POLICIES OF WA-NEE COMMUNITY SCHOOLS.

Signature _____ Date _____

Please print your name _____ Social Security Number ____/____/____

Please print any other name(s) which you have previously used: _____

Please print your complete address _____

Birth Date (only for purposes of requesting Criminal History information) _____

Wa-Nee Community Schools
WAIVER – TEACHING/CERTIFIED
Public Law 93-380
“Family Educational Rights and Privacy Act of 1974”

I, _____ being aware of the provisions of Public Law 93-380, “Family Educational Rights and Privacy Act of 1974,” hereby affix my signature and provide a waiver of the above provisions.

I hereby grant authorization to the Wa-Nee Community Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporations.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluation from any assigned classroom supervising teacher.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Office of the Superintendent, Wa-Nee Community Schools.
2. Any or all educational institutions I have attended to release my placement credentials on request, to the Office of the Superintendent, Wa-Nee Community Schools.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to the Office of the Superintendent, Wa-Nee Community Schools.

Signature of applicant

Date

Wa-Nee Community Schools does not discriminate in any practice in the operation of the school system upon the basis of sex, race, color, religion, creed, national origin, handicap or veteran’s status and will not permit discriminatory practices to be employed by anyone in the school system upon the basis of sex, race, color, religion, creed, national origin, handicap or veteran’s status.

I hereby certify that to the best of my knowledge and belief the foregoing statements are true, correct and complete. I further understand that this application will become part of my personal file should I be employed by the Wa-Nee Community Schools; that the information provided will be verified; and that falsification of any information submitted on this application may be cause for dismissal from service.

Signature of applicant

Date