

Application for Certificated Personnel

Sioux County Schools

An Equal Opportunity/Affirmative Action Employer

PO Box 38
Harrison, NE 69346
Phone: (308) 668-2415
Fax: (308) 668-2260

Please type or print your responses in ink.

I. PERSONAL & CONTACT INFORMATION

Name _____

First Middle Last (Maiden)

Present Address _____ Telephone (____) _____

Street City State Zip

Permanent Address _____ Telephone (____) _____

(If different from present address.) *Street City State Zip*

Social Security Number ____ / ____ / ____ E-mail address _____

___ Yes ___ No. Are you a former Sioux County Schools employee? Date of separation _____

II. CERTIFICATION

CERTIFICATION--Type of certificate now held

___ None ___ Valid Nebraska teaching certificate.* _____ Expiration date _____

Type _____ Grade Level _____

Areas of Specialization _____

___ Valid certificate--other state (specify) _____

*** Attach a photocopy of current teaching certificate. (Front and back). If you do not possess a current valid Nebraska certificate within the area you are applying, you will be required to meet proper certification within Nebraska requirements and time frame.**

III. POSITION DESIRED

ELEMENTARY TEACHER--complete the following:

Level preferred: Mark first choice 1, second choice 2, etc.

Kindergarten _____ Grade 1-2 _____ Grade 3-4 _____ Grade 5-6 _____ Grade 7-8 _____

Check any of the following in which you have additional training or expertise for an elementary setting: ___ Art ___ Computer ___ Early Childhood ___ Gifted ___ Reading ___ Science ___

SECONDARY TEACHER--complete the following:

List in order of preference the subjects you are certified to teach:

1. _____ 2. _____ 3. _____

Activities: Check any of the following which you would be willing to sponsor, direct, coach or manage.

___ Basketball B/G ___ Football ___ Track ___ Volleyball ___ Wrestling ___ One Act ___ Speech ___ Yearbook

Describe Your Experiences/Success/Qualifications for marked activities:

IV. PROFESSIONAL TRAINING & EXPERIENCE

A. SECONDARY SCHOOL(S) ATTENDED

Name of School	Grades Attended	Special Honors or Recognition

B. STUDENT TEACHING

From	To	Cooperating Teacher:	School	Location City/State/State	Grade & Subject
From	To	Cooperating Teacher:	School	Location City/State/State	Grade & Subject

C. COLLEGE or UNIVERSITIES ATTENDED

Name of Institution (City, State)	Major	Minor	Year Graduated	Degree	GPA (4.0 scale) & Special Honors or Recognition

D. EDUCATIONAL WORK EXPERIENCE—Include the last three (3) employers

Years Taught	Position (also state if full or part-time)	Grades and Subject Taught & Extracurricular Duties	Name and Mailing Address of School	Reason for Leaving

V. REFERENCES

List names and addresses of persons who are qualified to answer questions concerning your fitness for the position you seek. Include especially supervisors, principals and superintendents under whom you have taught in the past 15 years. If you have not taught previously, include the names of cooperating teachers, college or university supervisors and building principals who have been associated with your student teaching.

Name	Position	Contact Info: Telephone & Complete Mailing Address

NOTE: Please have references mailed to SCS. Be certain they are up to date.

VI. VETERAN PREFERENCE

If you wish to be considered for a Veterans Preference please indicate ___ Yes ___ No, and submit the appropriate documentation with your application. Note: This section is optional; you need to request a Veterans Preference even if you are eligible, and if you do not request the preference, you need not submit information about your veteran status.

1. Applicant Veteran? ___ Yes ___ No. If yes, submit DD Form 214.
2. Disabled Veteran? ___ Yes ___ No. If yes, submit DD Form 214 and Veteran's disability verification.
3. Spouse of 100% Disabled Veteran? ___ Yes ___ No. If yes, submit DD Form 214, veteran's disability verification and proof of marriage.
4. Spouse of Veteran on active duty at this time or within 180 days of the spouse's discharge or separation of service. ___ Yes ___ No.

VII. QUESTIONS

Directions: Please answer each of the questions below as best you can. If more space is needed please attach additional pages.

1. Eligibility for hire:

- Are you now under contract? ___ Yes ___ No.

If yes, with which school are you under contract & why do you wish to leave your current position?

- Do you have any condition (physical, mental, or otherwise) which prevents you from performing the essential functions of any of the positions for which you have applied, with or without accommodation? (Note: regular, dependable attendance is an essential function of certificated positions at Sioux County Schools.)

___ Yes ___ No. If yes, describe:

2. Prior History:

- Have you ever failed or refused to fulfill a contract of employment with any school district? ___ Yes ___ No. If yes, describe:

●Have you ever had a diploma, credential, or certificate denied or revoked? ___ Yes ___ No. If yes describe:

• Have you ever been placed on a performance improvement plan? ___ Yes ___ No. If yes describe:

VIII. PERSONAL DISCLOSURE

Respond to EACH item. If there is no response to any item, or if the required attachments do not accompany your application, your application WILL BE REMOVED FROM CONSIDERATION. Information provided in this disclosure will not automatically bar you from employment but will be considered in view of all relevant circumstances.

1. Have you ever received a ticket, been charged with, or been convicted of, a criminal offense relating to sexual or physical abuse? Yes___ No ___

2. If you answered “Yes” to Question #1 above, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of the each ticket, charge, or arrest (if needed, use an attachment):

3. Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency or been subject to a judicial restraining or contempt order? Yes___ No ___

4. If you answered “Yes” to Question #3 above, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of the each situation (use an attachment if needed):

5. Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes___ No___

6. If you answered “Yes” to Question #5 above, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.

Note: School policy requires that a criminal history record information check be completed prior to employment.

IX. VERIFICATION

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand it is my responsibility to immediately provide updated, correct information if any of the information changes at any time. I understand that any omission, falsification or misrepresentation made by me on this application or any supplement will be sufficient grounds for failure to employ me or for my discharge should I become employed with the school district. I understand that disclosure of social security number is optional. It will be used to conduct background checks for employment purposes and for personnel and payroll processing and required reporting if I am employed.

Signature of Applicant

Date: _____, 20____

It is the policy of Sioux County Schools to not discriminate on the basis of sex, handicap or disability, race, color, religion, marital status, veteran status, or national or ethnic origin, or on the basis of genetic information, in its educational programs, admission policies, employment policies or other administered programs. This position is subject to a veteran's preference. Persons requiring accommodations to apply and/or be considered for positions with Sioux County Schools are asked to make their request to the Superintendent.