

**COMANCHE COUNTY USD NO. 300
APPLICATION FOR EMPLOYMENT
CERTIFIED STAFF**

Address: 600 N. Leavenworth, PO Box 721, Coldwater KS 67029

Telephone: (620) 582-2181

Each applicant for a certified position in the Comanche County Schools will complete and return this application. Please include your complete transcript with this application and notify your teacher placement office to forward a copy of your credentials to this office.

PERSONAL INFORMATION

Last Name	First Name	Middle	Date
Street Address		Home Phone	
City, State, Zip		Business Phone	
Position Desired		Social Security No.	
Are you over 18 years of age? <input type="radio"/> Yes <input type="radio"/> No If not, employment is subject to verification of minimum legal age.			
Are you related to a member of the Board of Education? <input type="radio"/> Yes <input type="radio"/> No			
Relationship: Father <input type="radio"/> Mother <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Spouse <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Son-in-Law <input type="radio"/>			
Daughter-in-Law <input type="radio"/>			
Do you have any impairment, physical or mental, which would interfere with your ability to perform the job for which you are applying? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain job duties you cannot perform because of the impairment:			

PROFESSIONAL INFORMATION

Provide information about your teaching certificate you now hold: State issuing Certificate
 Date Issued: _____ Date of Expiration: _____ Level/Subject(s): _____

Check activities you are competent and willing to direct or coach: Band Basketball Football Plays
 Student Council Track Vocal Groups Volleyball Yearbook Other, specify: _____

Are you under contract for the present school term? Yes No If yes, when does this contract expire? _____

Do you have home obligations or other duties which might interfere with your accepting any assignments, or which would prevent your attendance at meetings outside of regular school hours? Please explain: _____

How did you learn of the school district? _____

LIST MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
 (Exclude those which disclose your race, color, religion, national origin or sex)

TEACHING/ADMINISTRATIVE EXPERIENCE

Please list experiences as an educator for the past ten years with the most recent position first.

1. School Telephone
Address Employed (State Month and Year)
From: To:
Assignment: Teaching/Administrative Level and/or Subject

2. School Telephone
Address Employed (State Month and Year)
From: To:
Assignment: Teaching/Administrative Level and/or Subject

3. School Telephone
Address Employed (State Month and Year)
From: To:
Assignment: Teaching/Administrative Level and/or Subject

4. School Telephone
Address Employed (State Month and Year)
From: To:
Assignment: Teaching/Administrative Level and/or Subject

5. School Telephone
Address Employed (State Month and Year)
From: To:
Assignment: Teaching/Administrative Level and/or Subject

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact
Employer Numbers ___ Reason _____

EDUCATION**SCHOOL****NAME AND LOCATION OF SCHOOL****Teaching
Field(s)****Did You
Graduate****Degree****College
Undergraduate****Yes**
No**College
Graduate****Yes**
No**MILITARY****COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES****Branch of Service****Period of Active Duty (Month and Year)****From:****To:****Rank at Discharge****Date of Final Discharge****REFERENCES****Name****Address****Position****Telephone****One****Two****Three****Four****Five**

PHILOSOPHY OF EDUCATION

State in 75 to 100 words your Philosophy of Education

SIGNATURE

Signature

Date