# WELLINGTON Unified School District 353

221 S. Washington P.O. Box 648 Wellington, Kansas 67152 Phone (620) 326-4300

## APPLICATION

Name of applicant:			
Social Security Number:			
Current address:			
Telephone number:			
Permanent address:			
Telephone number:			
For a position as a teacher of:			
Indicate grades or subjects in order of prefere	ence:		
Practice Teaching: Grade Level:	Year:	Location:	
Do you hold a certificate valid in Kansas?	Date Issue	ed 1	Date of Expiration
Certificate qualifies you to teach: Level/s			
Certificate qualifies you to teach: Subject/s			
Date you can start:			
Other states in which you are certified:			

Courses or tests you lack for Kansas certification:

Have you ever been convicted of a felony? (This information will not necessarily bar employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be taken into account.)

Certification in the State of Kansas requires passing the written PPST, passing the NTE – within one year and a 2.5 cumulative grade average. An Exceptional Child class is also required for those who have not taken such in their course work. Persons with a valid teaching certificate from another state prior to May 1, 1986 are exempt from the testing requirements.

### **EDUCATION**

High School	City	State	Date of Graduation

Name and Location of College Received	Attended From/To	Graduate or Undergraduate credit	Degree Received	Date

Major in Undergraduate Work: Minor in Undergraduate Work:

Emphasis in Graduate Work:

Number of Semester Hours: Number of Semester Hours: Number of Semester Hours:

## Please check any of the following activities in which you are interested and qualified to direct or coach.

Debate	School Play	Forensics
Interest Clubs	Football	Volleyball
Cross Country	Track	Volleyball
Basketball	Wrestling	Cheerleaders
Golf	Yearbook	Natl. Honor Society
Intramurals	KEY Club	KAY Club
Math Contest	Scholar's Bowl	Student Council
Baseball	Softball	

## WORK EXPERIENCE

Please list in chronological order beginning with most recent employment.

Employer	From/To	Assignment

### REFERENCES

Cite at least three (3) references, personal and professional, who have firsthand knowledge of your performance, personality, and teaching ability. Beginning teachers should include their supervising instructor for student teaching. Please use two lines per reference, and include the position and institution below the reference's name.

Reference Name	Address if Available	Telephone Number

Please provide any additional information that will give us a more complete understanding of your training, experience, and teaching ability. What is your reason for considering USD 353?

Your interest in a position in our school system is appreciated. Your application will be given our immediate attention. Your application will be kept in our active file for one year. New applications must be filed each year in which a vacancy occurs. Send applications to Helen Hawkins at the Central Office. A personal interview is required prior to an assignment being made. In addition to this application, a set of credentials, Kansas teaching certificate (if available), and official transcript must be sent. This office will arrange interviews and selection will be made on the basis of merit alone.

Date\_\_\_\_\_Applicant's Signature\_\_\_\_\_

This school does not discriminate on the basis of race, color, national origin, sex, age, religion, ancestry, or disability in admission or access to, or treatment of employment in its programs and activities. If you have questions regarding the above, please contact the Superintendent of Schools, Rick Weiss, in USD 353, phone 326-4300 or email <u>rweiss@usd353.com</u>.

Unified School District 353 is an Equal Opportunity Employer.