

Application Form

CERTIFIED PERSONNEL

Meade Unified School District 226
Meade, Kansas 67864-0400
620.873.2081

Address Applications to:

Mr. Kenneth Harshberger
Superintendent of Schools
PO Box 400
Meade, Kansas 67864-0400

(Last)	(First)	(Middle)
--------	---------	----------

Residence Address _____

Until, _____ 20 _____

Phone _____

Office Address _____

Phone _____

Date of candidate's availability _____

Date of application _____

What position are you applying for _____

An Equal Employment/Educational Opportunity Agency
Unified School District 226 does not discriminate on the basis of sex, color, national origin, disability, or age, in admission or access to, or treatment or employment in its programs or activities.

PROFESSIONAL DATA

- 1. Current Employment _____
- 2. Are you now under contract _____ If so, when does your contractual obligation expire?

- 3. Are you now certified to be a teacher in Kansas? _____
If no, state:
 - a. Which state issued certificate _____
 - b. Issue and expiration dates _____
 - c. Kind of certificate _____

Chronological Education Employment

4.

School Name and Location	District Enrollment	Position or Duties	Dates	Months	Salary

PERSONAL DATA

- 1. Do you have health problems that may affect your ability to perform your duties as a teacher?

- 2. Have you ever been convicted of a crime involving moral turpitude? Yes _____ No _____

EDUCATIONAL DATA

1. High school and date of graduation _____

2. College training in chronological order:

School Attended and Location	Inclusive Dates	Degree and/or Hours	Major Field	Minor Field	Workshops or Seminars

3. Number of semester hours in major field: Undergraduate _____ Graduate _____

4. Number of semester hours in minor field: Undergraduate _____ Graduate _____

5. College honors and activities _____

OTHER WORK EXPERIENCE

Employer and Location	Duties	Months	Dates	Salary

ADDITIONAL DATA

1. State briefly your reasons for wishing to be a teacher in our district.

2. References:

List three persons who may be contacted give current information on your qualifications for the teacher's position.

	(1)	(2)	(3)
Name			
Position			
Address			
Telephone			

Is it permissible to contact any or all of the above references? Yes _____ No _____

If no, after what date will contact be permissible? _____

I HEREBY CERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE.

SIGNATURE OF APPLICANT _____