

CRAWFORD COUNTY COMMUNITY SCHOOL CORPORATION

Office of the Superintendent
5805 E Administration Road
Marengo, Indiana 47140

Telephone (812) 365-2135
Fax (812) 365-2783

APPLICATION FOR **CERTIFICATED EMPLOYMENT**

Name _____
First
Middle
Last

Date _____

Position Desired _____
GRADE LEVEL AND/OR SUBJECT AREA (S)

FOR OFFICE USE ONLY	
T <input style="width: 20px; height: 20px;" type="checkbox"/> C <input style="width: 20px; height: 20px;" type="checkbox"/> R/C <input style="width: 20px; height: 20px;" type="checkbox"/> I <input style="width: 20px; height: 20px;" type="checkbox"/> CR <input style="width: 20px; height: 20px;" type="checkbox"/>	

AN EQUAL OPPORTUNITY EMPLOYER

The Crawford County Community School Corporation does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, disability, or national origin.

IMPORTANT: Before final consideration for employment, the candidate must have on file in the office of the superintendent a complete set of transcripts and a placement file. It is the candidate/s responsibility to see that transcripts and placement files are provided. An interview is also required. All applicants must qualify for Indiana Certification prior to employment.

FOR OFFICE USE ONLY
<p>PHOTO (Required upon Employment)</p>

PERSONAL DATA (Please type or print)

1. Name _____ 2. Social Security NO. _____

3. Indiana State Teachers' Retirement Number (If applicable) _____

4. Present Mailing Address:

Street _____

City _____

Zip _____ Phone _____

5. Home Mailing Address:

Street _____

City _____

Zip _____ Phone _____

6. POSITION DESIRED:

ELEMENTARY: (Grade K-6) List in order of preference.

1. _____ 2. _____ 3. _____ 4. _____

SECONDARY: (Grades 7-12) List subject area preferences and total semester in each area.

1. _____ HOURS 2. _____ HOURS

3. _____ HOURS 4. _____ HOURS

7. When would you be available to begin work? _____

8. Present Position _____

9. Reason for leaving present position _____

10. Present (or most recent) administrative supervisor(s):

NAME BUSINESS PHONE HOME PHONE

NAME BUSINESS PHONE HOME PHONE

11. Have you ever been dismissed from a position? (Please check) Yes No

If yes, explain _____

12. Have you been asked to resign from a position? (Please check) Yes No

If yes, explain _____

13. Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate? (Please check) Yes No

If yes, explain _____

CERTIFICATION

14. Indiana certificates now held:

SUBJECT AND GRADES COVERED BY CERTIFICATE	CERTIFICATE NO.	EXPIRATION DATE

15. Indiana certificates for which now eligible: (Candidates are responsible for obtaining proper certification.)

16. Location of placement records/credentials: (Give complete address)_____

 _____ File Number _____

EDUCATIONAL PREPARATION ("See resume" is not sufficient)

17. School(s) attended:

NAME OF SCHOOL	LOCATION	NO. OF YEARS ATTENDED	DATES	GRADUATION	
				YEAR	DEGREE

Highest degree earned: _____ Graduate semester hours earned after highest degree: _____

Undergraduate major: _____ Undergraduate minor _____
 G.P.A. _____ G.P.A. _____

College activities in which you participated _____

High school activities in which you participated _____

PROFESSIONAL EXPERIENCE

18. STUDENT TEACHING EXPERIENCE:

NAME OF SCHOOL	LOCATION		GRADES OR SUBJECTS TAUGHT	DATES	SUPERVISING TEACHER
	CITY	STATE			

19. CONTRACTUAL TEACHING ONLY: List most recent experiences first and indicate whether position was full-time (FT) or part-time (PT) equivalency. DO NOT list substitute teaching experience. ("See resume" is not sufficient.)

NAME & TYPE OF SCHOOL (Elem./Jr. High/Sr. High/etc.)	COMPLETE ADDRESS (list street, city, state, zip)	GRADE(S) OR SUBJECT(S) TAUGHT	NO YEARS		DATES	REASON FOR LEAVING
			FT	PT	BEGIN- END	

(LIST ADDITIONAL YEARS ON SEPARATE SHEET)

Total Years of Teaching Experience _____

20. OTHER WORK EXPERIENCE: List most recent experience first.

EMPLOYER	LOCATION	NATURE OF WORK	DATES

ACTIVITIES AND HONORS

21. Describe your special abilities or talents (e.g., sports, drama, etc.) _____

22. List professional organizations to which you belong _____

23. List leadership positions which you have held in various organizations _____

24. List honors received. _____

PERSONAL INFORMATION AND REFERENCES:

25. Give names and complete addresses of at least three references who are familiar with your personality, character, and work performance.

NAME	YEARS KNOWN	OFFICIAL POSITION	ADDRESS (Include Street, City, State, and Zip Code)
			_____ Phone No.
			_____ Phone No
			_____ Phone No
			_____ Phone No.
			_____ Phone No

26. List any relatives now employed by the Crawford Community School Corporation:

MILITARY EXPERIENCE (if applicable)

27. Branch of Service _____

28. Dates Served _____

29. Present Military Status _____

PROFESSIONAL GROWTH: Please fill out this page in your own handwriting. If more room is needed. Attach separate sheet.

30. Write a brief statement indicating:

- a. The reason why you desire to teach in the Crawford Community School Corporation.
- b. What plans you have for professional growth.
- c. What your educational goals are for the future.

31. Write below as follows:

- a. Give a brief statement of your philosophy of education.
- b. Amplify any of your qualifications that you wish to stress.
- c. Present any additional information that you have not been able to include elsewhere on the application.

CONVICTION REPORT

32. Because of the tremendous responsibility the Crawford Community School Corporation has to its school children and community, the following information is needed from all applicants and employees regarding convictions. * A record of conviction does not necessarily prohibit employment: However, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent of the time they initially completed this form. Questions regarding this information should be directed to the Superintendent of Schools. Please read carefully, and answer every question. **Please print clearly.**

1. Name _____
First
Middle
Last

Other names used _____ Date of usage _____

2. Social Security Number _____

3. Have you ever been convicted of a misdemeanor? Yes No

4. Have you ever been convicted of a felony? Yes No

5. Have you ever been convicted of a sex or drug related offense? Yes No

If any of the boxes above are marked "Yes," fill in the information below and attach a letter explanation.

CONVICTION INFORMATION			
1. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS		LENGTH AND TERMS OF PROBATION	
2. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS		LENGTH AND TERMS OF PROBATION	

***CONVICTION** means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Under penalty of perjury, I hereby affirm that the information presented on this application is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that agents of the Crawford Community School Corporation may review any document relevant to this information. I authorize the Crawford Community School Corporation to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

SIGNATURE
DATE