

Wheatland Schools - Unified School District 292

PO Box 165 - 2920 K 23

Grainfield, KS 67737

785-673-4213 - 785-673-4234 (fax)

Application for Employment  
Certified Teacher

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip Code Telephone

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip Code Telephone

E-MAIL ADDRESS \_\_\_\_\_

Provide name of person best able to locate you when necessary.

\_\_\_\_\_  
Name Address Telephone

EMPLOYMENT PREFERENCE

TYPE OF APPLICATION:  Elementary  Secondary  Both  
 Administrative  Other

Please list in order of preference the positions for which you are qualified:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

FOR OFFICE USE ONLY

AN EQUAL OPPORTUNITY EMPLOYER

This District does not discriminate against any otherwise qualified applicant, employee or student on the basis of handicap, age, race creed, national origin, marital status or sex, except insofar as the actual nature of an assignment or program shall inherently involve requirements based upon sex.

EDUCATIONAL AND PROFESSIONAL TRAINING

School	Name and Location of Institution	Date(s)	Degree
High School	_____	_____	_____
College or University	_____	_____	_____
College or University	_____	_____	_____
College or University	_____	_____	_____
Credits since last degree	_____	_____	_____
Major in Undergraduate Work	_____	No. of Semester Hours _____	GPA _____
Minor in Undergraduate Work	_____	No. of Semester Hours _____	GPA _____
Major in Graduate Work	_____	No. of Semester Hours _____	GPA _____
Total Undergraduate Semester Hours	_____		GPA _____
Total Graduate Semester Hours	_____		GPA _____

EDUCATIONAL EXPERIENCE

Name of School - Address	Inclusive Dates	Grades or Subject Taught	Extracurricular Activities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and address of present or last superintendent or board president

\_\_\_\_\_

OTHER EXPERIENCE

Firm or Employer	Address	Kind of Work	Date of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATE ENDORSEMENTS

Type of Kansas Endorsement(s) held.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

EXTRA CURRICULAR ACTIVITIES

List extra curricular activities you are qualified and willing to direct or coach.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

REFERENCES

List below at least three references including administrative and supervisory personnel who have first hand knowledge of your performance and or future potential in the area for which you are applying (vocational education applicants should list one business reference).

NAME	POSITION	ADDRESS (Street, City, State, Zip Code)	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space provided below in your own handwriting, indicate your personal and professional goals in seeking a position in this district.

**To complete this application you must furnish:**

1. Copies of official transcripts
2. College or University placement credentials

Have you ever been convicted of a felony?     No                       Yes    (If yes, please attach full explanation.)

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same discovered thereafter, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.

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Signature of Applicant

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Date

Send to:

Paula Chapin, Clerk of the Board  
PO Box 165 2920 K23  
Grainfield, KS 67737  
Telephone (785) 673-4213

YOUR APPLICATION WILL BE KEPT ON FILE FOR ONE (1) YEAR AND WILL BE SCREENED FOR ALL VACANCIES FOR WHICH YOU HAVE APPLIED AND QUALIFY. YOU WILL BE NOTIFIED IF AN INTERVIEW IS REQUIRED. PLEASE NOTIFY US IF YOU WISH YOUR FILE CLOSED.