

# FREDERICK AREA SCHOOL DISTRICT 6-2

202 Main Street, PO Box 484, Frederick, South Dakota 57441\* 605-329-2145 (ph)\*605-329-2722 (fax)

<http://frederickarea.k12.sd.us/default.aspx>

*An Equal Opportunity Employer*

## **APPLICATION FOR CERTIFIED EMPLOYMENT**

(Incomplete applications will not be considered.)

Please Type Clearly

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_ Until \_\_\_\_\_  
(City) (State) (Zip)

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Daytime) (Evening)

E-mail Address \_\_\_\_\_ SSN \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(City) (State) (Zip)

**Federal Law** obligates us to provide reasonable accommodations for the known disabilities of the applicant, unless doing so would pose undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

### **FOR POSITION OF**

Teacher \_\_\_\_\_  
(Indicate grade level(s), subjects, or other specialization in order of preference. Please be specific)

Other \_\_\_\_\_

**Please indicate in which schools you are seeking employment:**

All Schools  Elementary  Junior High  High

**Thank you for expressing an interest in Frederick Area School 6-2.**

**IMPORTANT NOTE:** Before final consideration for employment, the candidate must have on file, with this application, a copy of teaching certification, a complete set of transcripts, and credentials or three letters of recommendation. It is the candidate's responsibility that all of these materials are provided. All candidates must qualify for South Dakota Teacher Certification/License prior to employment.

**The Frederick Area School 6-2 does not discriminate in its employment policies, or in its educational programs, on the basis of race, color, creed, religion, age, gender, marital status, disability, national origin, or ancestry.**

Inquiries concerning the application of Title IX, Section 504, Title VI, or the ADA of 1992, may be referred to the Superintendent of Schools at 202 Main Street, PO Box 486, Frederick, SD 57441 or to the Regional Dir., Kansas City Office, Office for Civil Rights, US Dept. of Ed., 8930 Ward Parkway, Ste 2037, Kansas City, MO 64114 (PH: 816/268-0550, TDD: 800/437-0833, FAX: 816/823-1404) ocrkansascity@ed.gov

**EDUCATIONAL PREPARATION** (“See Resume” is not sufficient)

Please List the Name & Address of Each School Attended	Subjects or Courses Studied	Type of Diploma or Degree Earned	Grad. Yes/No	Total Years Attended
High School				
Technical School				
College/University Work				
Graduate Work				
Other				

Highest Degree Earned: \_\_\_\_\_ Graduate semester hours earned **beyond** highest degree: \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_ Undergraduate Minor: \_\_\_\_\_

Graduate Degree(s) in: \_\_\_\_\_

College Activities in which you participated: \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE** (List only if no other applicable experience.)

Name of School	Location (City and State)	Grades or Subjects Taught	Dates	Cooperating Teacher

**CERTIFICATION/LICENSE**

Do you have South Dakota Teacher Certification?  Yes  No If “No,” have you applied?  Yes  No  
Please attach a copy of all certificates held, and summarize below.

CERT. NUMBER	SUBJECT OR GRADE LEVEL(S)	STATE ISSUED	EXP. DATE

Please list all South Dakota Co-Curricular (coaching) endorsements you currently hold:

\_\_\_\_\_

## EMPLOYMENT RECORD

In chronological order, beginning with your most recent or present employer, please list your employment experience. Include any job-related military service assignments and volunteer activities.

Present or Last Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Wage/Salary		
		Start:	End:	
Reason for Leaving:				
Second Previous Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Third Previous Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				
Fourth Previous Employer Name		Dates Employed		Describe Duties, Including Co-Curricular
Address		From:	To:	
Telephone Number(s)		Length of Employment:		
Job Title:	Supervisor:	Hourly Rate/Salary		
		Start:	End:	
Reason for Leaving:				

## REFERENCES:

(These should be persons familiar with your **professional work**. Include superintendents and principals who supervised you.)

- |      |       |         |                     |
|------|-------|---------|---------------------|
| Name | Title | Address | Telephone number(s) |
|------|-------|---------|---------------------|
- |      |       |         |                     |
|------|-------|---------|---------------------|
| Name | Title | Address | Telephone number(s) |
|------|-------|---------|---------------------|
- |      |       |         |                     |
|------|-------|---------|---------------------|
| Name | Title | Address | Telephone number(s) |
|------|-------|---------|---------------------|

May we contact the employers and references listed on this application?  Yes  No If "No," please indicate by name which ones you do not wish for us to contact. \_\_\_\_\_

1. Check employment you will accept:  Permanent  Temporary  Full-time  Part-time
2. Would you be able to provide proof of citizenship, visa, or alien registration number if you were hired?  Yes  No
3. Have you ever been dismissed, been asked to resign from a position, or failed to be renewed during/after completing a probationary period?  No  Yes – explain \_\_\_\_\_
4. Are you currently under contract with another school district or educational institution?  
 Yes  No If "Yes," where? \_\_\_\_\_
5. State briefly why you desire this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the box below, briefly describe one or more of your principle beliefs about public education, teaching or learning.**

**IMPORTANT APPLICANT INFORMATION**

Due to the large number of applications, we are unable to inform you of openings. It will be your responsibility to check with this office for information on current openings. The number is 605-329-2145. Other than some substitute positions, we do not interview unless a specific position is open. It is your responsibility to update your application with our office. Applications will be kept on file for one year from the application date, unless renewed at the written request of the applicant. All applicants appointed to teaching positions must have completed a background check.

1. Are you able to perform the essential tasks of the job for which you are applying?  No  Yes
2. Have you ever been convicted of an offense other than a minor traffic violation? (DUI & DWI convictions are not minor and must be reported.)  No  Yes
3. Have you ever been arrested for a felony?  No  Yes
4. Have you ever been charged with a felony?  No  Yes
5. Have you ever been convicted of a felony crime?  No  Yes
6. Have you ever been arrested (even if no contest or charges dropped or pled down) for a sex-related offense?  No  Yes
7. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex-related offense?  No  Yes
8. Have you ever been convicted (even if no contest or charges dropped or pled down) of a sex-related offense?  No  Yes
9. Have you ever been arrested (even if no contest or charges dropped or pled down) for a drug-related offense?  No  Yes
10. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense?  No  Yes
11. Have you ever been convicted (even if no contest or charges dropped or pled down) of a drug-related offense?  No  Yes
12. Have you ever been arrested for an act of violence, including domestic violence?  No  Yes
13. Have you ever been charged with an act of violence, including domestic violence?  No  Yes
14. Have you ever been convicted of an act of violence, including domestic violence?  No  Yes
15. Has your professional license ever been revoked?  No  Yes
16. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed arrangement?  No  Yes
17. Have you ever been the subject of an investigation by a school district or any other employer?  No  Yes
18. Have you ever had sanctions placed on your teaching certificate for any reason?  No  Yes
19. Have you ever been denied a teaching certificate anywhere?  No  Yes
20. Is disciplinary action currently pending anywhere against your certificate?  No  Yes

**If you responded "Yes" to any of the questions #2-20 above, please attach a detailed explanation.**

21. \_\_\_\_\_ I understand that a background investigation will be conducted to verify the authenticity and  
initial completeness of the information furnished by me.
22. \_\_\_\_\_ I hereby authorize the release of information by all previous employers regarding my job  
initial performance.
23. \_\_\_\_\_ I certify that there are no misrepresentations, omissions, or falsifications in the foregoing  
initial statements, and that the answers and the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.
24. \_\_\_\_\_ I further agree and consent in advance to being summarily discharged without cause or hearing  
initial if any of the above information contains any misrepresentations of falsification or if any material information has been omitted.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

For Office Use Only:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Transcripts                     | <input type="checkbox"/> Teacher Certificate     | <input type="checkbox"/> Credentials/References               | <input type="checkbox"/> New Employee Info Sheet |
| <input type="checkbox"/> Employee Physical Form Complete | <input type="checkbox"/> Fingerprinting Complete | <input type="checkbox"/> Fingerprint Analysis Report Received |  |
| <input type="checkbox"/> I-9 Form Complete               | <input type="checkbox"/> W-4 Complete            | <input type="checkbox"/> Copy of Driver's License & SS Card   |  |