# UNIFIED SCHOOL DISTRICT NO. 399

**NATOMA-PARADISE-WALDO**

## APPLICATION COVER FOR:

### Certified Teacher

**ADDRESS APPLICATIONS TO:**

**Mrs. Cambria Ellis**

## U.S.D. 399

**P.O. Box 100**

## Natoma, KS 67651-0100

**cellis@natoma-usd399.net**

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Last Name First Name Initial

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Candidate’s Availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION ITEMS TO BE INCLUDED:**

**Resume**

**Letter of Interest**

**Transcripts (unofficial are accepted)**

**Copy of current Kansas teaching license**

**APPLICATION FOR CERTIFIED TEACHING POSITION**

**EDUCATIONAL DATA**

1. High School, City, and Date of Graduation:

1. College Training in chronological order:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Attended and City | Inclusive Dates | Degree and/or hours earned | Minor  Field | Major  Field | Workshops or Seminars |
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3. Number of semester hours in major field: Undergraduate: Graduate:

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

1. College Honors and Activities:

**OTHER WORK EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer Name and Address | Duties | Start/End Dates | Months | Salary |
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**PROFESSIONAL DATA**

1. Current Employment:

2. Are you now under contract? Yes No

If yes, when does your contractual obligation expire?

3. Are you now certified to be a teacher in Kansas? Yes No

If yes, complete the following:

a. Which state issued the certificate?

b. What are the issue and expiration dates?

c. What kind of certificate is it?

d. Additional endorsements:

**CHRONOLOGICAL EDUCATION EMPLOYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Name and City | District Enrollment | Position or Duties | Start/End Dates | Months | Salary |
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1. Professional memberships relevant to the position applied for:

1. List names, addresses, and daytime telephone numbers of two character or professional references:

|  |  |  |
| --- | --- | --- |
| Name | Address, City, State, and Zip | Telephone Number |
|  |  |  |
|  |  |  |
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**PERSONAL/ADDITIONAL DATA**

1. Have you ever been convicted of a crime involving moral turpitude?

Yes No

1. Briefly review your training and experience with an effective teaching model.
2. What is your philosophy of teaching?

4. Explain your understanding of the KESA process.

**COACHING DATA**

1. Previous coaching experience:
2. Philosophy:
3. Student Expectations:

4. Coaching Rules: