



**USD 294, Oberlin**  
**131 E Commercial Oberlin, KS 67749**  
**Dr. Joel Applegate, Superintendent**  
**Ph (785)-475-3805 Fax (785)-475-3076**  
**www.usd294.org**

**General Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Major teaching area for which certification is held or expected \_\_\_\_\_

Minor teaching area for which certification is held or expected \_\_\_\_\_

Indicate preferences of Teaching Assignment (mark only the levels and subjects for which certified)

\_\_\_\_ Primary (K-3) \_\_\_\_\_

Grade(s)

Subject Area Desired

\_\_\_\_ Intermediate (4-6) \_\_\_\_\_

Grade(s)

Subject Area Desired

\_\_\_\_ Junior High (7-8) \_\_\_\_\_

Grade(s)

Subject Area Desired

\_\_\_\_ High School (9-12) \_\_\_\_\_

Grade(s)

Subject Area Desired

**Certification:**

Do you hold a KS Teaching Certificate? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate the following:

Type \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Areas of certification stated on the certificate:

\_\_\_\_\_

Level	Code	Level	Code
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\_\_\_\_\_

Level	Code	Level	Code
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If no, when do you expect to receive your KS Certificate? \_\_\_\_\_

Have you been a KS resident more \_\_\_\_\_ or less \_\_\_\_\_ than ten years?

Do you hold an ESL endorsement? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, are you willing to obtain an ESL endorsement within two years of gaining employment with USd 294?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you fluent in any languages other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are they? \_\_\_\_\_

Do you hold a certificate from another state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate the following: State \_\_\_\_\_ Class or type \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Areas of Certification \_\_\_\_\_

**Educational Background:**

High School \_\_\_\_\_

Address \_\_\_\_\_

Date of Graduation \_\_\_\_\_

College(s) or University(ies) attended:

1. \_\_\_\_\_ Credits/Degree \_\_\_\_\_

Dates attended \_\_\_\_\_

2. \_\_\_\_\_ Credits/Degree \_\_\_\_\_

Dates attended \_\_\_\_\_

3. \_\_\_\_\_ Credits/Degree \_\_\_\_\_

Dates attended \_\_\_\_\_

4. \_\_\_\_\_ Credits/Degree \_\_\_\_\_

Dates attended \_\_\_\_\_

Academic Honors or Scholarships: \_\_\_\_\_

\_\_\_\_\_

Leadership positions you have held in High School and/or College: \_\_\_\_\_

Extracurricular activities and/or special interests: \_\_\_\_\_

**Professional Experience:**

Student Teaching:

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School	Location	Grade/Subject	Incl. Dates
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Former Positions, beginning with most recent:

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Position	School	Location	Incl. Dates
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Position	School	Location	Incl. Dates
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Position	School	Location	Incl. Dates
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Position	School	Location	Incl. Dates
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Position	School	Location	Incl. Dates
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Briefly Describe your teaching and/or student teaching experience:

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What do you , as a teacher, see as your greatest ability or strength?

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What is your principle motivation in seeking this position?

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Very briefly, how would you summarize your philosophy of education?

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Please present a brief narrative personal autobiographical sketch. (Optional)

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**References:**

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

Name	Position	Address	Phone
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2. \_\_\_\_\_

Name	Position	Address	Phone
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3. \_\_\_\_\_

Name	Position	Address	Phone
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**Signature, Authorization to contact references and previous employer(s):**

I recognize that any false information given on this application is grounds for rejection and/or dismissal. Furthermore, I understand that this application is to be retained on active file for nine (9) months from the date submitted and that it may be renewed at my request. I also authorize the Board of Education, USD 294, or its representative, to contact all persons or organizations listed above as references and/or previous employers for information pertinent to this application for employment.

(This application is not valid unless signed and dated)

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Applicant's signature

Date

It is the responsibility of the applicant to request that placement credentials and transcripts be sent to USD 294

## ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports and/or "investigative consumer reports" by Northwest Kansas Educational Service Center at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. no. 1-888-946-8355; [www.intellicorp.net](http://www.intellicorp.net)

I do \_\_\_ or \_\_\_ do not authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature (if under 18)

\_\_\_\_\_  
Date

### Personal Data

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates lived here

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other names used (incl. Maiden name)

\_\_\_\_\_  
Years used

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Driver's License State

Email address (may be used for official correspondence) \_\_\_\_\_