

**STRASBURG SCHOOL DISTRICT NO. 31-J  
TEACHER EMPLOYMENT APPLICATION**

Dear Applicant:

Thank you for your interest in teaching in Strasburg School District No. 31-J. This application is intended for use in evaluating your suitability for employment. It is not an employment contract. Please furnish complete and accurate information. The District will not consider incomplete applications. The District will verify your application and false or misleading statements will be grounds for refusal or termination of employment and benefits. Strasburg School District No. 31-J is an equal opportunity employer and does not unlawfully discriminate on the basis of race, color, ethnicity, sex, national origin, creed, religion, age, sexual orientation, disability or other protected status.

**PERSONAL INFORMATION**

Name (First, Middle, Last): \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Present Address (Street, City, State, Zip): \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a veteran or a current member of the U.S. Armed Forces?    Yes    No

**MARK APPROPRIATE BOXES:**

- New Application
- Previous Application on File
- Former Employee of the School District
- Full-time
- Part-time
- Substitute

**INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED:**

- Teacher
- Guidance
- Library/Media
- Other (Explain)
- Administrator
- Supervisor
- Psychologist School District
- Visiting Teacher/Social Worker

List grade level(s) and/or subject area(s) in order of preference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**QUALIFICATIONS**

**(If space provided is insufficient, please attach additional sheets as needed)**

**CERTIFICATION:**

**Please submit a photocopy of all of your Colorado teaching certificates with this application.**

Current Colorado Certificate	Date Issued	Date of Expiration	Certificate Number	Endorsement

If you have applied for a certificate in Colorado, but it has not been issued, please indicate the date that you applied for the certificate and the type of certificate for which you applied: \_\_\_\_\_

If you have been issued a certificate in another state, please submit a photocopy and complete the following information:

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certificate/Endorsements \_\_\_\_\_  
 State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certificate/Endorsements \_\_\_\_\_

**TEACHING EXPERIENCE:**

List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.

School District, City, State	Position Held and/or Grades/Subjects Taught (specify)	Supervisor Name and Phone Number	Dates

**WORK EXPERIENCE OTHER THAN TEACHING:**

List chronologically.

Employer, City, State	Kind of Work	Supervisor Name and Phone Number	Dates

**EDUCATIONAL AND PROFESSIONAL TRAINING:**

List chronologically.

Level	Name of School or University	State	Field of Study	Degree Type	Graduation Year	Dates of Attendance
High School						
College/University						

**STUDENT TEACHING EXPERIENCE:**

List chronologically and include any internships.

Name of School	School District, City	State	Grade Level and/or Subject	Dates

**GENERAL COMMENTS:**

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**OTHER RELEVANT INFORMATION/EXPERIENCE:**

Are you under contract?       Yes    No

If yes, where? \_\_\_\_\_ Present position: \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

If under contract, what type?    Annual/Probationary    Continuing/Non-probationary    Other (explain): \_\_\_\_\_

If under contract, can you be released if you are offered another position?    Yes    No

If not under contract now, have you ever held a nonprobationary contract?    Yes    No

If yes, cite school district(s), date(s) and state: \_\_\_\_\_

Referral Source:    Advertisement/Posting    Employee    Friend    Other (Explain) \_\_\_\_\_

Have you ever been refused tenure or a nonprobationary contract? (If yes, comment below.)    Yes    No

Have you ever been discharged or requested to resign from a position? (If yes, comment below.)    Yes    No

Have you ever had a certificate or license revoked or suspended? (If yes, comment below.)    Yes    No

Can you perform the essential functions of the position with or without reasonable accommodation?    Yes    No

Please list other skills, licenses, fluency in other languages or certificates that are job-related.

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**GENERAL COMMENTS:**

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**DRIVING RECORD:**

If your duties do not include driving, please skip this section.

Do you have a valid driver's license?    Yes    No

Have you had any moving traffic convictions in the past seven years?    Yes    No

State of Issue \_\_\_\_\_ DL# \_\_\_\_\_

Type of driver's license \_\_\_\_\_

Endorsements? \_\_\_\_\_

Restrictions? \_\_\_\_\_

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**EXTRACURRICULAR ACTIVITIES:**

Indicate the number of years experience in the activities listed below. Enter additional activities if necessary. Circle activities you are willing to coach/sponsor.

EXTRA CURRICULAR ACTIVITIES	HIGH SCHOOL EXPERIENCE	COLLEGE EXPERIENCE	CONTRACT EXPERIENCE	EXTRA CURRICULAR ACTIVITIES	HIGH SCHOOL EXPERIENCE	COLLEGE EXPERIENCE	CONTRACT EXPERIENCE
FOOTBALL				INTRAMURAL DIRECTOR			
BASKETBALL				ATHLETIC DIRECTOR			
BASEBALL				ATHLETIC TRAINER			
SOFTBALL				FORENSICS			
TRACK				DEBATE			
CROSS COUNTRY				DRAMA			
WRESTLING				YEARBOOK			
GYMNASTICS				NEWSPAPER			
FIELD HOCKEY				LITERARY MAGAZINE			
GOLF				STUDENT GOVERNMENT			
TENNIS				HONOR SOCIETY			
VOLLEYBALL				CLUBS			
SOCCER				CHEERLEADERS			
SWIMMING				CHOIR			

**GENERAL COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECURITY:**

Applicants who are offered employment with the District will be required to successfully complete a criminal background check in accordance with state law.

In which states have you lived the past seven years? (Include counties) \_\_\_\_\_

Have you used any names (aliases, maiden names, married names, etc.) or Social Security numbers other than given on page one?

Yes  No If so, please list \_\_\_\_\_

Have you ever been charged with any crime other than a minor traffic offense? (Note, a DUI is not considered a minor offense)

Yes  No If so, please list \_\_\_\_\_

Have you ever been convicted of, pled guilty to, or pled nolo contendere to any crime, other than a minor traffic offense, or received a deferred sentence? (Note, a DUI is not considered a minor offense)

Yes  No If so, please list \_\_\_\_\_

Have you been terminated or resigned from a position because of inappropriate or illegal behavior involving a child or children?

Yes  No If so, please list \_\_\_\_\_

INCIDENT DATE	CITY/STATE	CHARGE

To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite relationship.

Estimate your total absence from work or school for the last three years and explain the reason(s).

**REFERENCES:**

It is the applicant's responsibility to provide the following information in order to be considered for employment:

- A. The names, phone numbers and addresses of at least three reference sources (including current employer if employed, or last employer if not currently employed).
- B. Applicants with work experience must provide recommendations from principals and/or superintendents from all contracts involving educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

NAME OF REFERENCE	POSITION/RELATIONSHIP	MAILING ADDRESS	PHONE NUMBER
1.			
2.			
3.			

**PLEASE READ CAREFULLY BEFORE SIGNING**

**CERTIFICATION AND RELEASE:** I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information.

SIGNATURE	DATE
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**FOR OFFICE USE ONLY**

Background information requested

- 1. Former employers \_\_\_\_\_
- 2. References \_\_\_\_\_
- 3. Workers' Comp \_\_\_\_\_
- 4. MVR (driving record) \_\_\_\_\_
- 5. Criminal History \_\_\_\_\_
- 6. Stu. Tchg. \_\_\_\_\_
- 7. Place. File \_\_\_\_\_
- 8. NTE \_\_\_\_\_
- 9. Core \_\_\_\_\_
- 10. Transcripts \_\_\_\_\_
- 11. Spec. \_\_\_\_\_
- 12. Cert. \_\_\_\_\_