

Leola School District 44-2

PO BOX 350

820 Leola Avenue

Leola, SD 57456-0350

Phone: (605) 439-3142

Fax: (605) 439-3206

E-mail: brett.flemmer@k12.sd.us

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Delivered in person: ☐

Received by: ☐ mail ☐ fax ☐ e-mail

CERTIFIED Application for Employment

(Complete all applicable information - incomplete applications will not be considered)

Leola School District 44-2 is An **Equal Opportunity Employer** and does not knowingly discriminate because of race, color, age, gender, marital status, religion, handicap or disability, national origin, or veteran's status and provides equal access to the Boy Scouts and other designated youth groups. Leola School District also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Applications are kept on file for one (1) year. As positions become available that you would like to be considered for, please submit a letter of application specific to that position.

Date of application: _____

POSITION(S) APPLYING FOR: ☐ Administrator ☐ Teacher ☐ Other certified position _____

PERSONAL DATA:

Name: _____
Last First Middle Social Security Number

Address: _____
Street City State Zip

Phone: _____
Home Work Cell Phone E-mail Address

Are you a veteran or a widow of a veteran? ☐ Yes ☐ No

Have you previously worked for the Leola School District? ☐ Yes ☐ No

When: _____ Where: _____

Are you a U.S. citizen or otherwise legally authorized to work in the U.S.? ☐ Yes ☐ No

(Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony or misdemeanor? (Do not include minor traffic violations unless alcohol related) ☐ Yes ☐ No (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

If "Yes", Date(s): _____

Offense(s): _____

Have you ever been dismissed from a position, non-renewed, or asked to resign? ☐ Yes ☐ No

If yes, please explain: _____

Complete the following if you are applying for a position that requires operating a motor vehicle:

Driver's License Number: _____ State: _____ Expiration date: _____

EDUCATION:

	<u>Name, City, and State</u>	<u>Majors/Minors</u>	<u>Dates Attended</u> <u>From / To</u>	<u>Degree or # of</u> <u>Credit Hours</u>
High School or GED	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____
Graduate	_____	_____	_____	_____

Number of Graduate semester hours earned **beyond** highest degree: _____

Please list any completed courses, seminars or training related to your ability to perform the job for which you are applying: _____

PRAXIS INFORMATION:

1. Existing Educators in South Dakota - Please submit a copy of your current South Dakota teaching certificate. Please also submit copies of your Praxis II test scores, if applicable.

2. New Graduates from SD Colleges and Universities - Please submit verification that you have passed a valid Praxis II Content Test or you may submit a copy of an official registration form from Educational Testing Services (ETS) showing that you are registered to take the needed Praxis II Content Exam in your major area. South Dakota can issue a one-year certificate without the Praxis completion, but the renewal of a one-year certificate will be contingent upon the successful completion of the correct Praxis II exam. Please also submit a letter from your college/university certification official verifying proof of degree earned, and a copy of your current South Dakota teaching certificate, if applicable.

3. New Graduates and/or New Applicants from Out-of-State Colleges and Universities - Please submit verification that you have passed a valid Praxis II Content Test or you may submit a copy of an official registration form from Educational Testing Services (ETS) showing that you are registered to take the needed Praxis II Content Exam in your major area. South Dakota can issue a one-year certificate without the Praxis completion, but the renewal of a one-year certificate will be contingent upon the successful completion of the correct Praxis II exam. Please also submit a letter from your college/university certification official verifying proof of degree earned, and a copy of your current out-of-state teaching certificate, if applicable.

CERTIFICATION INFORMATION:

Do you hold a valid SD certificate: ☐ Yes ☐ No If no, have you applied: ☐ Yes ☐ No Date of application: _____

Questions regarding certification can be directed to: Office of Accreditation and Teacher Quality

700 Governors Drive, Pierre, SD 57501

Phone (605) 773-3553

E-mail: certification@state.sd.us

APPLICANT QUESTIONS: (Submit a brief summary on a separate sheet of paper for the following questions :)

- a. Give an example of a specific problem you have solved and the process used.
- b. How do you plan to address the diverse educational needs of your students?
- c. What do you consider to be the five most critical attributes of successful educators or administrators?

TEACHING EXPERIENCE: (List most recent first, do not include student teaching). Attach addendum if necessary.

1.) School Name: _____ No. year(s) of teaching experience: _____

Address: _____

Street City State Zip
Grades & Subjects: _____ Full-time ☐ Part-time ☐ FTE ☐

Dates Employed (Mo/Day/Yr.): From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

2.) School Name: _____ No. year(s) of teaching experience: _____

Address: _____

Street City State Zip
Grades & Subjects: _____ Full-time ☐ Part-time ☐ FTE ☐

Dates Employed (Mo/Day/Yr.): From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

3.) School Name: _____ No. year(s) of teaching experience: _____

Address: _____

Street City State Zip
Grades & Subjects: _____ Full-time ☐ Part-time ☐ FTE ☐

Dates Employed (Mo/Day/Yr.): From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No

OTHER WORK EXPERIENCE: (List most current or recent employer first.)

Company Name: _____

Address: _____
Street City State Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr.): _____ From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Duties: _____

May we contact this employer? ☐ Yes ☐ No Hours per week: _____ Final Salary/Rate: _____

Reason for leaving: _____

Company Name: _____

Address: _____
Street City State Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr.): _____ From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Duties: _____

May we contact this employer? ☐ Yes ☐ No Hours per week: _____ Final Salary/Rate: _____

Reason for leaving: _____

Company Name: _____

Address: _____
Street City State Zip

Job Title: _____ No. Employees Supervised: _____

Dates Employed (Mo/Day/Yr.): _____ From: _____ to: _____

Supervisor's Name: _____ Phone: _____

Duties: _____

May we contact this employer? ☐ Yes ☐ No Hours per week: _____ Final Salary/Rate: _____

Reason for leaving: _____

REFERENCES: (references should be familiar with your professional work, include superintendents or principals who supervised you)

Name: _____ Occupation: _____ Phone - Day: _____

Name: _____ Occupation: _____ Phone - Day: _____

Name: _____ Occupation: _____ Phone - Day: _____

PREEMPLOYMENT STATEMENT

(Please read carefully and sign the statement below.)

I understand and agree that:

1. The information that I have provided on this application is true and complete. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Leola School District's employ.
2. Any offer of employment I may receive from Leola School District is contingent upon my successful completion of a criminal background investigation (SDCL 13-10-12).
3. I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Leola School District if there is reasonable suspicion. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Leola School District.
4. I authorize the Leola School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational, or vocational institution or government agency to provide the Leola School District with information they have regarding me. I hereby release and discharge the Leola School District and those who provide information from any and all liability as a result of furnishing and receiving this information. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the District.

Signature of Applicant _____ Date _____