WELLINGTON Unified School District 353

221 S. Washington P.O. Box 648 Wellington, Kansas 67152 Phone (620) 326-4300

APPLICATION

Name of applicant:

rehabilitation will be taken into account.)

rame of applicant.		
Social Security Number:		
Current address:		
Telephone number:		
Permanent address:		
Telephone number:		
For a position as a teacher of:		
Indicate grades or subjects in order of prefere	ence:	
Practice Teaching: Grade Level:	Year:	Location:
Do you hold a certificate valid in Kansas?	Date Issued	Date of Expiration
Certificate qualifies you to teach: Level/s		
Certificate qualifies you to teach: Subject/s		
Date you can start:		
Other states in which you are certified:		
Courses or tests you lack for Kansas certifica	tion:	
Have you ever been convicted of a felony?	(This information	will not necessarily

Certification in the State of Kansas requires passing the written PPST, passing the NTE – within one year and a 2.5 cumulative grade average. An Exceptional Child class is also required for those who have not taken such in their course work. Persons with a valid teaching certificate from another state prior to May 1, 1986 are exempt from the testing requirements.

employment. Factors such as age, time of offense, seriousness and nature of violation and

EDUCATION

High School Graduation	City		State	Date of		
Name and Location	Attended	Attended Graduate or		Degree		
Date of College Received	From/To	Undergraduate credit		Received		
Major in Undergraduate Work:			mber of Semest			
Minor in Undergraduate Work:	Minor in Undergraduate Work: Numb		nber of Semester Hours:			
Emphasis in Graduate Work:		mber of Semester Hours:				
Please check any of the following	ng activities in w	hich vou are inter	ested and quali	fied to direct or	coach.	
Debate	School Play			Forensics		
Interest Clubs	Football			Volleyball		
Cross Country	Track			Volleyball		
Basketball	Wrestling			Cheerleaders		
Golf	Yearbook			Natl. Honor Society		
Intramurals	K	KEY Club		KAY Club		
Math Contest	S	Scholar's Bowl		Student Council		
Baseball	S	oftball				

WORK EXPERIENCE

Please list in chronological order beginning with most recent employment.

Employer	From/To	Assignment

REFERENCES

Cite at least three (3) references, personal and professional, who have firsthand knowledge of your performance, personality, and teaching ability. Beginning teachers should include their supervising instructor for student teaching. Please use two lines per reference, and include the position and institution below the reference's name.

Reference Name	Address if Available	Telephone
Number		

Please provide any additional information that will give us a more complete understanding of your
training, experience, and teaching ability. What is your reason for considering USD 353?
Your interest in a position in our school system is appreciated. Your application will be given our immediate attention. Your application will be kept in our active file for one year. New applications must be filed each year in which a vacancy occurs. Send applications to Peggy Gilmore at the Central Office. A personal interview is required prior to an assignment being made. In addition to this application, a set of credentials, Kansas teaching certificate (if available), and official transcript must be sent. This office will arrange interviews and selection will be made on the basis of merit alone.
DateApplicant's Signature
This school does not discriminate on the basis of race, color, national origin, sex, age, religion, ancestry, or disability in admission or access to, or treatment of employment in its programs and activities. If you have questions regarding the above, please contact the Superintendent of Schools, Mark Whitener, in USD 353, phone 326-4300 or email mwhitener@usd353.com .

Unified School District 353 is an Equal Opportunity Employer.