

# Ingalls Unified School District #477

Return this application to:  
Ingalls USD 477 Office  
PO Box 99  
Ingalls, KS 67853-0099

For Official Use Only	
Assignment	_____
Effective Date	_____
Days	_____
Step	_____ Column _____
Base Salary	_____
Supplementary	_____
Total Salary	_____

## Licensed Employment Application

Ingalls USD 477 does not discriminate on the basis of sex, race, color, national origin, disability, age, or marital status in employment. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in Ingalls USD #477. Violators will be prosecuted. Notwithstanding any other provision to the contrary, this application will be considered null and void by the employing board of education, without further proceedings and without reference to any other law or contractual agreement if the results of the criminal history records check required by state law reveal this applicant has been convicted of any offense, or of any attempt to commit any offense, specified in K.S.A 1999 Sup. 72-1397, and amendments thereto.

Date \_\_\_\_\_

\_\_\_\_\_  
Last First Middle Social Security No.

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip Code Telephone

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip Code Telephone

CONTACT IN EMERGENCY \_\_\_\_\_  
Name Telephone

### GENERAL INFORMATION

Are you under contract:  Yes  No If yes, where: \_\_\_\_\_ Present Position: \_\_\_\_\_

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

If yes, cite school district(s), date(s), and state.

Have you ever been refused tenure or a continuing contract: (If yes, comment below)  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No

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

### CERTIFICATION

Level of Kansas certificate held \_\_\_\_\_ Subject Areas of License Certification: \_\_\_\_\_

Level of out-of-state certificate held \_\_\_\_\_ Subject Areas of License Certification: \_\_\_\_\_

## EDUCATIONAL AND PROFESSIONAL TRAINING

Level of Education	Name of School University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance (From/To)
High School						
College/ University						
College/ University						

Total Undergraduate Hours \_\_\_\_\_ GPA \_\_\_\_\_ Graduate Hours \_\_\_\_\_ GPA \_\_\_\_\_

Major in Undergraduate Work \_\_\_\_\_ No. of Semester Hours \_\_\_\_\_ GPA in Major Area \_\_\_\_\_

Minor in Undergraduate Work \_\_\_\_\_ Major in Graduate Work \_\_\_\_\_

## STUDENT TEACHING

Name Of School	School District Name/ State	Area (grade or Subject)	Date	Cooperating Teacher

## TEACHING EXPERIENCE

List chronologically all teaching/work experience. Do no include substitute teaching.

Name of School	USD No.	Position Held, Grade, and/or Subjects Taught (specify)	Beginning Month/Year	Total Years	Supervisor Name & Phone No.

## SPECIAL SKILLS, QUALIFICATIONS, PUBLICATIONS, AND/OR HONORS

Summarize special qualifications, acquired from employment or other experiences. (Include coaching or extracurricular activities.)

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## EXTRACURRICULAR ACTIVITIES

Check activities you are willing to coach/sponsor.

\*\* Designate Jr. High or Sr. High.

Extracurricular Activities		Extracurricular Activities		Extracurricular Activities	
Class Sponsor		Newspaper		Football **	
Cheerleaders		Student Government		Volleyball **	
I-Club		Yearbook		Basketball **	
SADD		Dance Team		Track **	
Forensics		KAY Club			
National Honor Society		I-Club			
Scholar's Bowl **		Student Council **			

## SECURITY

Have you been convicted of a felony and/or served time for a felony in the past seven years?

Yes  No

Have you been convicted of any crimes of moral turpitude or offenses involving children, disabled individuals or the elderly?

Yes  No

Incident date	City/State	Charges

## REFERENCES

List below five references, including administrative and supervisory personnel, who have first hand knowledge of your performance and/or potential in the area for which you are applying.

Name of Reference	Official Position	Mailing Address	Telephone

## OTHER INFORMATION

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize investigation of personal background and all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release those parties from any liability or damage whatsoever for issuing background information.

The applicant understands that neither this document or any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

All appointments are temporary and are subject to statutory provisions for the probationary period before tenure status is acquired. Both probationary and tenured teachers are required to perform in accordance with district performance standards.

I understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs/alcohol prior to being offered a position and/or during employment.

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Signature of Applicant

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Date

Your application will be maintained on active file until January of the year following submission and will be screened for all Vacancies fro which you have applied and qualify. You will be notified if an interview is required. Please notify us if you wish your file closed.