

Wall School District #51-5

APPLICATION FOR CERTIFIED PERSONNEL

Please type or use black ink.

The Wall School District 51-5 does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. An equal opportunity employer.

Wall School District, #51-5

P.O. Box 414

Wall, SD 57790

Telephone: 605-279-2156

Fax: 605-279-2613

Date: _____

1. PERSONAL DATA

Name: _____ Social Security No: _____

Present Address: _____ Telephone: _____

Permanent Address: _____ Telephone: _____

Do you have duties that would interfere with your acceptance of any assignment for the good of the system, or attending meetings or participating in other activities outside of the school hours, which are related to the general school program? If so, please explain.

Have you ever been employed by the Wall School District? _____ When? _____

Have you ever been convicted of a misdemeanor?* _____ If yes, please explain.

Have you ever been convicted of a felony or any other offense involving moral turpitude?* _____ If yes, please explain.

*A conviction will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration.

Have you previously filed an application with the Wall School District? _____

If so, give the date: _____

2. POSITION(S) APPLIED FOR

3. EDUCATION, PROFESSIONAL TRAINING AND EMPLOYMENT HISTORY

	Name of Institution	Major	Minor	Diploma or Degree
High School:	_____			
Higher Education:	_____			
Higher Education:	_____			
Higher Education:	_____			
Higher Education:	_____			

Specialized Training

Record here any special activities or special training which you think have contributed to your preparation for teaching: _____

Previous Employment-begin with most recent

Employer	Telephone	Assignment	Dates From-To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. SELF EVALUATION

Provide a brief explanation of why you are interested in employment in the Wall School District: _____

Provide a brief statement of your personal characteristics that enhance your desirability for employment as an educator. _____

Name	Position	Complete Address	Telephone

[illegible]

If you are registered, please provide your Selective Service number:

If you don't know your Selective Service number, you may obtain it by calling 1-708-688-6888.

8. FORWARD ALL APPLICATION PAPERS TO:

Superintendent of Schools
Wall School District, #51-5
P.O. Box 414
Wall, SD 57790

9. A COMPLETED APPLICATION FILE INCLUDES THE FOLLOWING:

- _____ 1. A formal letter indicating interest in the position that addresses the vacancy announcement.
- _____ 2. A completed application form with signature.
- _____ 3. Up-to-date transcripts.

10. AUTHORIZATION

I authorize the Wall School District, #51-5 of Wall, South Dakota to investigate the statements above. I certify that my statements on this application are true and that falsification of this application is cause for dismissal or rejection of employment.

Signature of Applicant

Date