

DE SMET SCHOOL DISTRICT 38-2
PO BOX 157
DE SMET SD 57231

Name (Last, First, Middle)	Birthdate
Address	Telephone
City State	Zip

Position you are applying for:

Name of School(s) Attended	Location	Diploma/Degree	Dates Attended

(NOTE: Please attach a copy of your high school diploma, high school transcript or GED to this application. Teacher aides must have at least a GED and 48 college credits of pass an equivalency test. Substitute teachers must hold at least a high school diploma.)

List two references-not related to you:

Name	Address	Phone Number
1.		
2.		

Describe in the space provided below your previous work experiences during the last four years: include dates, duties, etc. Also, explain briefly why you believe you are especially qualified for the position for which you are applying: _____

1. Do you have a physical or mental condition which would require consideration in assignment to the position for which you are applying? _____

If so, please

explain _____

2. Have you ever been convicted of any misdemeanor or felony, including any major traffic offenses or had such a conviction purged? If so, please indicate the offense, and where it occurred.

By signing below, you are confirming that the information contained in this application is an accurate summary of your individual record to date.

Signature of Applicant

Return this application to:

**Superintendent of Schools
De Smet School District
PO Box 157
De Smet, SD 57231**