



RETURN APPLICATION TO:  
BOARD OF EDUCATION  
205 S. Main  
P.O. Box 137  
Erie, Kansas 66733

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**CONSOLIDATED UNIFIED SCHOOL DISTRICT NO. 101**

**Application of**

Name \_\_\_\_\_  
Present Address: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

**POSITION AND ATTENDANCE CENTER DESIRED**

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1<sup>st</sup> Preference \_\_\_\_\_  
2<sup>nd</sup> Preference \_\_\_\_\_  
3<sup>rd</sup> Preference \_\_\_\_\_

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Please check any of the following activities which you are interested and qualified to direct or coach:

_____ Debate	_____ Forensics	_____ Pep Club
_____ Football	_____ Volleyball	_____ Track
_____ Chess	_____ Basketball	_____ Yearbook
_____ KAYS	_____ Golf	_____ Cheerleading
_____ Drama	_____ Band	_____ Vocal Groups

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C.U.S.D. 101 is an Equal Opportunity Employer and does not discriminate on the basis of sex, race, color, age, handicap, religion, ancestry or national origin in employment, educational programs or other activities which it operates.

**I. EDUCATIONAL AND PROFESSIONAL TRAINING** (list chronologically.)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From . . . To
High School						
College or University						

**II. STUDENT TEACHING EXPERIENCE** (List chronologically and include any internships.)

Name of School	School District City/County	State	Grade Level and/or Subject	Dates	Personnel Use

**III. TEACHING EXPERIENCE** (List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING)

Name of School	School District City/County	State	Position Held Grades and/or Subject Taught Specify	Date Mo./Day/Yr. (From...To)	Total Years	Full Time (✓)	Part Time (✓)	Personnel Use

**IV. WORK EXPERIENCE OTHER THAN TEACHING** (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment	Personnel Use

**V. Verification**

Have you applied for a Kansas Certificate? No  Yes  When \_\_\_\_\_

If you have been issued a Kansas Certificate, **Please submit a photocopy.**

If you have been issued a certificate in another state, Please submit a photocopy. If a photocopy is not available,

Please complete the following:

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification/Endorsements \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certification/Endorsements \_\_\_\_\_

**VI. GENERAL INFORMATION**

Month, day, and year available for employment \_\_\_\_\_. Are you under contract now? No  Yes

If yes, where? \_\_\_\_\_ Present position \_\_\_\_\_

If presently employed, why do you wish to change? \_\_\_\_\_

If under contract, what type: Continuing/Tenure  Other  (Explain) \_\_\_\_\_

If presently under contract, can you be released if offered another position? ..... No  Yes

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

If yes, cite school district(s) and date(s): \_\_\_\_\_

Have you ever been refused tenure or a continuing contract? (If yes, attach a sheet for your explanation) No  Yes

Have you ever been discharged or requested to resign from a position? (If yes, attach a sheet) ..... No  Yes

Have you ever been convicted of a violation of law other than a minor traffic violation and/or entered into a sentence modification or diversion agreement? (If yes, attach a sheet) ..... No  Yes

Have you ever had a certificate or license revoked or suspended? (If yes, attach a sheet) ..... No  Yes

Are any criminal charges or proceedings pending against you? (If yes, attach a sheet) ..... No  Yes

Are any criminal charges or proceedings pending against you? (If yes, attach a sheet) ..... No  Yes

Have you been convicted of any offense involving sexual molestation, physical or sexual abuse, or rape? (If yes, attach a sheet) ..... No  Yes

Do you have any physical/medical/mental defects that preclude you from performing any work for which you are being considered? (If yes, attach a sheet)..... No  Yes

Have you missed time from work or school attendance because of illness during the past two years? ..... No  Yes

**VII. REFERENCES**

To be considered for employment, the applicant must provide the following:

The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.

Name of Reference	Position/Relationship	Mailing Address	Phone Number

## VIII. ADDITIONAL DATA

Address each of the topics below in your handwriting.

1. State briefly your reasons for wishing to teach in C.U.S.D. #101.

2. What are your major strengths as an educator?

3. Please mention anything not included elsewhere in this application which you feel will further support your candidacy.

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These statements made and information given in this application are, to the best of my knowledge, true, accurate, and complete. I authorize and consent that representatives of C.U.S.D. #101 can investigate all statements contained in this application, including, but not limited to conferences with previous administrators, teachers, school board members and residents of school districts where I have been employed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE:** Applications cannot be considered complete until transcripts and credentials are on file with C.U.S.D. #101. It is the candidate's responsibility to have these items forwarded. No applicant will be hired without a personal interview.