

Dr. [unclear]

**Employment Application  
Teaching Positions**

**Arickaree School District R-2  
Washington County  
12155 Co Rd NN  
Anton CO 80801  
970-383-2202**

*An Equal Opportunity Employer*

Today's Date \_\_\_\_\_ Date Available \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Other Name(s) \_\_\_\_\_  
Please provide any information relative to change of name, use of assumed name or nickname necessary to enable a check on your work/school record.

Social Security Number \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
Street City State Zip

Permanent Mailing Address \_\_\_\_\_  
Street City State Zip

Contact In Emergency \_\_\_\_\_

E-Mail Address and Telephone Number: \_\_\_\_\_  
Permanent ( ) Cell ( ) Work ( )

Please indicate any languages you speak/write and your proficiency level. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEACHING AREA PREFERENCE (List the grade for Elementary or Subjects preferred for Secondary)**

	Elementary	Jr High / High School
1 <sup>st</sup> Choice	_____	_____
2 <sup>nd</sup> Choice	_____	_____
3 <sup>rd</sup> Choice	_____	_____

CERTIFICATE/LICENSE (Please submit copies of all licenses/certifications)				
STATE	TYPE	ENDORSEMENT(S)	EXPIRATION	COPY ENCLOSED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied certification/licensure in any state?  
If yes, please explain:

Have you ever held a certificate/license which was suspended or revoked for any reason?  
If yes, please explain:



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

Employer/Address	Daytime Phone #	Type of Work	Dates of Employment

**REFERENCES**

Please list references who are knowledgeable about your performance that are willing to give an appraisal of your qualifications for the position you seek. You may submit a placement packet from your college/university if available.

Name of Reference/Occupation	Position/Relationship	Mailing Address	Daytime Phone #

Are you currently under contract? Yes  No  Date Available \_\_\_\_\_

Have you ever been dismissed from a position or asked to resign? Yes  No  If "yes" state where and describe reasons on a separate sheet.

Have you ever been convicted of a felony? Yes  No  If "yes", provide complete details on a separate sheet indicating date, charge, place and action taken.

Will you accept an assignment, attend meetings, or participate in other school activities after regular school hours? Yes  No

Please indicate other student activities you can manage:

School Clubs  Drama  Academic Decathlon  School Annual/Journalism   
 Sports (please list) \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING

***AUTHORIZATION FOR BACKGROUND INFORMATION***

I hereby authorize any person or entity whatsoever including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Arickaree School District R-2, or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Arickaree School District R-2, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Arickaree School District R-2. I specifically waive any rights or privileges I have to confidentiality of such information and release Arickaree School District R-2 and any person or entity providing information from all legal responsibility or liability that must result from this authorization.

This authorization shall continue in full force and effect until terminated by me in writing. Further, if I should become employed by Arickaree School District R-2, this authorization shall continue for the duration of such employment: A photographic copy of this authorization shall be valid as the original.

I further agree that neither Arickaree School District R-2 nor any other person or entity shall be held liable in any respect if an employment offer is not tendered to me by Arickaree School District R-2 or is subsequently withdrawn or terminated for any reason whatsoever. I further understand that failure to provide any of the information requested may prevent consideration of my application for employment.

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

---

Date

---

Signature of Applicant

**IMPORTANT**

By my signature and initials placed below, I certify that the information provided in this employment application and accompanying resume is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify Arickaree School District R-2; if I should be convicted of a felony or any crime involving dishonesty or a breach of trust or any crime involving unlawful sexual behavior involving children while my job application is pending, if hired, during my period of employment.

\_\_\_\_\_ initials

I authorize Arickaree School District R-2 to investigate all of the statements contained in this application and accompanying resume. I also authorize Arickaree School District R-2 to contact my present employer, past employers, and listed references.

\_\_\_\_\_ initials

I authorize any person, school, current employer, past employer, and organizations named in this application form and accompanying resume to provide relevant information and opinions that may be useful in making a hiring decision, and release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ initials

I also understand 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 prior to being offered a position and/or during employment.

\_\_\_\_\_ initials

Date \_\_\_\_\_

Signed \_\_\_\_\_

Arickaree School District R-2 is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, marital status, or the presence of any physical or mental medical condition or disability.

This application, fully completed, will be given thorough consideration, but its receipt does not imply the applicant will be employed.

**Mail application to:**

**Arickaree School District R-2  
Superintendent  
12155 Co Rd NN  
Anton CO 80801**

## **APPLICATION CHECK LIST:**

Completed application form – please review your application to see that all information is included.  
Incomplete applications will not be considered.

Copies of all transcripts (originals will be required if you accept a position with this district)

3 current letters of recommendation

Current resume enclosed

Copies of all applicable certification enclosed

Philosophy of Education