

EDUCATOR'S APPLICATION

Cherryvale USD #447
618 East 4th
Cherryvale, Kansas 67335
620-336-8130

APPLICATION MUST BE RENEWED YEARLY. APPLICATION FILE CLOSED OUT SEPT 1 OF EACH YEAR

I. GENERAL INFORMATION

Date:

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Name _____
(Last) (First)

Telephone _____

Present Address _____
(Street) (City) (State) (Zip)

Permanent Address _____
(Street) (City) (State) (Zip)

II. EDUCATION PREPARATION

(List in order preference the grade and/or subjects for which application is made)

1 _____

2 _____

3 _____

High School _____
(City) (State)

Name & Location of College or University	Major	Hours	Minor	Hours	Degree

Do you have required Kansas Certificate? _____ If so, what type of certificate & code?

Expiration _____

III. TEACHING EXPERIENCE (begin with present or most recent teaching position)

Name & Location of School	Assignment	Dates	Annual Salary

IV. NON-TEACHING WORK EXPERIENCE (optional)

Employer	Address	Type of Work	Dates	Salary

V. OTHER ACTIVITIES (Experience in working with young people)

VI. Why are you leaving your present position? Why do you wish to have this position?

VII. REFERENCES (Give names & addresses of persons who have official knowledge of your work as student or teacher)

May we contact these people for a reference?

Name	Address	Position