

# 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)

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

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**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