## APPLICATION FOR EMPLOYMENT - CERTIFIED

NAME:					DATE OF APPLICATION:							
ADDRESS:					PHONE:							
CITY, STATE, ZIP					ALTERNA	ALTERNATE PHONE:						
E-MAIL:						TABLE TANKS						
TYPE OF POSITION DESIRED (ple	ease be spe	ecific):										
Where did you hear about this va	cancy?_											
Have you ever been convicted of is deemed to be convicted of con United States, or any territory sult would be a felony or misdemeand bond, or other security deposited payment of a fine, a plea of nolood deferred prosecution approved by of felony or misdemeanor, the da PROFESSIONAL REFERENCES:	nmitting a pject to the or. "Conv to secur contende y the cou	a felony of the jurisdic ricted" me re the app are, the im art. If you a	r misdeme ction of the eans a con earance b position o answered	eanor if they have bee e United States of an o viction by a jury or by y a person charged w f a deferred or susper "yes," please attach a	n convicted u unlawful act w a court and a ith having col nded sentence detailed lette	nder the laws which, if comn also includes mmitted a felo by the court or of explanati	of any nitted withe for ony mis on an	other vithin ( feiture sdeme agree cluding	state, Colorace of any anor, the ment fo	the do, bail, he or a		
				EMAH		<b>.</b>	HONE					
NAME	EMAIL				PHONE							
EDUCATIONAL BACKGROUND:	official tr	anscripts fo	or considera	tion of salary placement	are required)							
List most recent first:							FR	OM	T	0		
NAME OF INSTITUTION	LOCATION		SEM HRS	DEGREE/ DIPLOMA	MAJOR	MINOR	Mo.	Yr.	Mo.	Yr		
									<del>                                     </del>			
									<u> </u>			
									<u> </u>			
A current Colorado certification is re	quired. I	Please attac	ch a copy of	your certificate.								
Do you hold a valid Colorado certific What endorsement?		_	-	are applying? OYes	ONo							
Do you hold a valid Colorado Vocatio What program area?	onal Educ	ation Cred	ential? O	Yes ONo								
Have you passed the PRAXIS Test?	OYes	ONo	C4040 1 4	•								
PLACE Test?	OYes	ONo	State locat	ion:								

Please attach copy of test results

STUDENT TEACHING:										
Name and address of school:									-	
Grade level and subject taught:_										
Name and phone number of super	rvising teacher:									
TEACHING EXPERIENCE:										
NAME OF SCHOOL	LOCATION		PRINCIPAL/ SUPERVISO	OR GRADE/	GRADE/SUBJECT TAUGHT		FROM (Mo/Yr)		TO (Mo/Yr)	
Reason for leaving current/prior em	ployer									
May we contact your current emplo	yer?									
EMPLOYMENT HISTORY (oth	er than teachin	g):								
EMPLOYER		I	LOCATION	PO	FROM		TO			
						(Mo	/Yr)	(Mo/	Yr)	
									-	
Do you have any experience in spo If yes, what type of activities do yo										
Would you be willing to sponsor of					es ONo					
If yes, list what type of activities:	,, court any on									
State briefly why you desire a pos	sition with Salid	a School Dis	strict R32J:							
I hereby certify that I possess the expe information and document provided v omissions, misleading, false or untrue my NOT being considered for jobs wi grounds for further actions pursuant complete and correct.	with this application, or a the salida School of th	on are true, c any attempt a ool District R	omplete and correct to the be t fraud or deceit in any manno 32-J; may constitute grounds	st of my knowled er connected wit for discipline an	lge and are made in goo h this application and s nd/or termination after	od faith. ubseque hire; and	I under nt testing d/or may	stand th g may re y constitu	esult i ute	
I understand that any applicant who l degree as defined in section 18-8-503,						lty of per	ejury in 1	the secor	ad	
I understand that by submitting this salary.	application I am	authorizing S	alida School District R-32-J to	o verify any or al	ll information provided	in this a	pplicatio	on includ	ling	

**Signature of Applicant**