

LOST RIVER CAREER COOPERATIVE
OFFICE OF THE DIRECTOR
610 ELM STREET
PAOLI IN 47454
PHONE: 812/723-4818

APPLICATION FOR CERTIFICATED EMPLOYMENT

Name _____
FIRST MIDDLE LAST

Date _____

Position Desired _____
GRADE LEVEL AND/OR SUBJECT AREA(S)

ALSO LIST ANY COACHING POSITION(S) AND/OR EXTRA-CURRICULAR POSITION(S) YOU ARE WILLING TO ACCEPT.

AN EQUAL OPPORTUNITY EMPLOYER

The Lost River Career Cooperative does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap/disability, or national origin.

IMPORTANT: Before final consideration for employment, the candidate must have on file in the office of the director a complete set of transcripts and a placement file. It is the candidate's responsibility to see that transcripts and placement files are provided. An interview is also required. All applicants must qualify for Indiana Certification prior to employment.

FOR OFFICE USE ONLY

PHOTO
(Required upon Employment)

PERSONAL DATA *(Please type or print)*

1. Name _____ 2. Social Security No. _____
 FIRST MIDDLE LAST

3. Indiana State Teachers' Retirement Number (if applicable) _____

4. Present Mailing Address: 5. Home Mailing Address:
Street _____ Street _____
City _____ State _____ City _____ State _____
Zip _____ Phone _____ Zip _____ Phone _____

6. POSITION DESIRED:

1. _____ 2. _____ 3. _____ 4. _____

7. When would you be available to begin work? _____

8. Present Position _____

9. Reason for leaving present position _____

10. Present (or most recent) administrative supervisor(s):

NAME	BUSINESS PHONE	HOME PHONE
_____	_____	_____
NAME	BUSINESS PHONE	HOME PHONE
_____	_____	_____

11. Have you ever been dismissed from a position? *(Please check)* Yes No

If yes, explain _____

12. Have you ever been asked to resign from a position? *(Please check)* Yes No

If yes, explain _____

13. Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate? (Please check) Yes No

If yes, explain _____

CERTIFICATION

14. Indiana certificates now held:

SUBJECTS AND GRADES COVERED BY CERTIFICATE	CERTIFICATE NO.	EXPIRATION DATE

15. Indiana certificates for which now eligible: (Candidates are responsible for obtaining proper certification.)

16. Location of placement records/credentials: (give complete address) _____

 _____ File Number _____

EDUCATIONAL PREPARATION ("See resume" is not sufficient)

17. School(s) attended:

NAME OF SCHOOL	LOCATION	NO. OF YEARS ATTENDED	DATES	GRADUATION	
				YEAR	DEGREE
HIGH SCHOOL					
UNDERGRADUATE					
GRADUATE					
GRADUATE					

Highest degree earned: _____ Graduate semester hours earned after highest degree: _____

Undergraduate major: _____ G.P.A. _____ Undergraduate minor _____ G.P.A. _____

Graduate degree(s) in: _____ G.P.A. _____ G.P.A. _____

College activities in which you participated _____

High School activities in which you participated _____

PROFESSIONAL EXPERIENCE

18. STUDENT TEACHING EXPERIENCE:

NAME OF SCHOOL	LOCATION		GRADES OR SUBJECTS TAUGHT	DATES	SUPERVISING TEACHER
	CITY	STATE			

19. **CONTRACTUAL TEACHING ONLY:** List most recent experience first and indicate whether position was full-time (FT) or part-time (PT) equivalency. **DO NOT list substitute teaching experience.** ("See resume" is not sufficient.)

NAME & TYPE OF SCHOOL (Elem./Jr. High/Sr. High/etc.)	COMPLETE ADDRESS (list street, city, state, zip)	GRADE(S) OR SUBJECT(S) TAUGHT	Contractual Only				REASON FOR LEAVING
			NO. YEARS		DATES		
			FT	PT	Beginning	Ending	

(List additional years on separate sheet)

Total Years of Teaching Experience _____

20. OTHER WORK EXPERIENCE: List most recent experience first.

EMPLOYER	LOCATION	NATURE OF WORK	DATES

ACTIVITIES AND HONORS

21. Describe your special abilities or talents (e.g., sports, drama, etc.) _____

22. List professional organizations to which you belong _____

23. List leadership positions which you have held in various organizations _____

24. List honors received _____

PERSONAL INFORMATION AND REFERENCES:

25. Give names and complete addresses of at least three references who are familiar with your personality, character, and work performance.

NAME	YEARS KNOWN	OFFICIAL POSITION	ADDRESS (Include Street, City, State, and Zip Code)
			Phone No.
			Phone No.
			Phone No.
			Phone No.
			Phone No.
			Phone No.

26. List any relatives now employed by the South Central Area Vocational School:

MILITARY EXPERIENCE: (if applicable)

27. Branch of Service _____

28. Dates Served _____

29. Present Military Status _____

PROFESSIONAL GROWTH: Please fill out this page in your own handwriting. If more room is needed, attach separate sheet.

30. Write a brief statement indicating:

- a. The reasons why you desire to teach in the South Central Area Vocational School.
- b. What plans you have for professional growth.
- c. What your educational goals are for the future.

31. Write below as follows:

- a. Give a brief statement of your philosophy of education.
- b. Amplify any of your qualifications which you wish to stress.
- c. Present any additional information which you have not been able to include elsewhere on the application.

CONVICTION REPORT

32. Because of the tremendous responsibility the South Central Area Vocational School has to its school children and community, the following information is needed from all applicant's and employees regarding convictions.* A record of conviction does not necessarily prohibit employment; however, failure to complete this form accurately and completely may mean disqualification from consideration for employment or may be cause for consideration of dismissal if employed and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent of the time they initially completed this form. Questions regarding this information should be directed to the Superintendent of Schools. Please read carefully, and answer every question. Please print clearly.

1. Name _____
FIRST MIDDLE LAST

Other names used _____ Dates of usage _____

2. Social Security Number _____

3. Have you ever been convicted of a misdemeanor? Yes No
4. Have you ever been convicted of a felony? Yes No
5. Have you ever been convicted of a sex or drug related offense? Yes No

If any of the boxes above are marked "YES," fill in the information below and attach a letter of explanation.

CONVICTION INFORMATION

1. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS:		LENGTH AND TERMS OF PROBATION:	
2. CONVICTION CHARGE		DATE OF CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
REMARKS:		LENGTH AND TERMS OF PROBATION:	

*CONVICTION means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of *nolo contendere*, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment which has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Under penalty of perjury, I hereby affirm that the information presented on this application is true, accurate, and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by agents of the South Central Area Vocational School. I authorize the South Central Area Vocational School to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

SIGNATURE DATE