



Faith School District #46-2

206 W. 5th Street
P.O. Box 619
Faith, SD 57626

Phone: 605-967-2152
Fax: 605-967-2153

APPLICATION OF:

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ How long have you lived at this address? _____

Please list another contact person with telephone number through whom you may be reached if necessary: _____ Phone: _____

FOR POSITION OF:

Teacher: _____ Administrator: _____ Other: _____

(Please indicate specific position for which you are applying)

INSTRUCTIONS: The applicant should exercise the greatest care in preparing this form. Information given herein is in the nature of a representation and if incorrect on a material fact, will constitute sufficient cause for cancellation of the contract. Please do not omit any item.

EDUCATION:

High School: _____ Graduation Date: _____

Location: _____

College – Undergraduate: _____

Location: _____

Major: _____ Minor: _____

Degree: _____ Graduation Date: _____

College – Undergraduate: _____

Location: _____

Major: _____ Minor: _____

Degree: _____ Graduation Date: _____

College – Graduate: _____
Location: _____
Major: _____ Minor: _____
Degree: _____ Graduation Date: _____

College – Graduate: _____
Location: _____
Major: _____ Minor: _____
Degree: _____ Graduation Date: _____

WORK EXPERIENCE:

Previous experience (including any non-education experiences which may relate to the position you are applying for beginning with the most recent). Provide information for your current and at least three previous positions.

Current Position: _____ Dates of Employment: _____
Employer Name and Address: _____

Supervisor: _____ Phone: _____
Reason for leaving: _____

Previous Position: _____ Dates of Employment: _____
Employer Name and Address: _____

Supervisor: _____ Phone: _____
Reason for leaving: _____

Previous Position: _____ Dates of Employment: _____
Employer Name and Address: _____

Supervisor: _____ Phone: _____
Reason for leaving: _____

Previous Position: _____ Dates of Employment: _____
Employer Name and Address: _____

Supervisor: _____ Phone: _____
Reason for leaving: _____

REFERENCES:

Please provide at least three professional references:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Relationship: _____

Have you ever been convicted of a felony? Yes _____ No _____
If so, please identify _____

Have you ever been discharged from a position? Yes _____ No _____
(If yes, please explain on a separate sheet.)

SOUTH DAKOTA TEACHING CERTIFICATE INFORMATION:

Do you have a SD Teaching Certificate? Yes _____ No _____
If not, have you applied? Yes _____ No _____
Expiration Date: _____
Endorsements: _____

Please attach a certificate copy.
Please submit transcript copies and arrange to have your college credentials submitted.

I hereby authorize representatives of the Faith School District #46-2 to obtain information about me from my current or previous employers with the knowledge that any false information may be grounds for rejection, or termination of employment. I certify the correctness of the information I have provided within this form. Further, I understand the Faith School District is Drug Free/Smoke Free/Tobacco Free.

Signature: _____ Date: _____

The Faith School District is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

