

Todd County School District 66-1
P.O. Box 87 Mission, South Dakota 57555
Telephone Number (605) 856-4457
FAX: (605) 856-2449

Certified Employee Application

Furnish All Requested Information On This Application: Do Not Refer To Other Sources

Name:

(Last) (First) (Middle) (Maiden)
Permanent Address

(Street) (City & State) (Zip) (Telephone Number)
Present Address

(Street) (City & State) (Zip) (Telephone Number)
Summer Address

(Street) (City & State) (Zip) (Telephone Number)

Social Security #: Date of Application:

Email Address

Position: State clearly the kind of position for which application is made. Subjects or grades you desire to teach should be listed in order of preference.

- 1.
- 2.
- 3.
- 4.

For Office Use Only

Position:
Application Rec'd
Credential Rec'd
Transcripts Rec'd
Interviewed on:
By:

Check level of Preference:
Pre School Elementary School
Middle School High School

Date available for Interview

**IN ORDER TO BE COMPLETE THE APPLICATION MUST INCLUDE TRANSCRIPTS ,
CREDENTIALS, RESUME, AND A COPY OF CERTIFICATE, IF AVAILABLE**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Todd County School District 66-1, not to discriminate on the basis of sex, race, color, national origin, creed, religion, marital status with regard to public assistance, age disability, in its educational programs, activities or employment polices as required by federal and state laws and regulations

Employment Statement: Start with your present and/or most recent job.

Employer:			
Address:			
Job Title:			
Dates Employed: From	To		Salary
Work Performed:			
Reason for Leaving:			

Employer:			
Address:			
Job Title:			
Dates Employed: From	To		Salary
Work Performed:			
Reason for Leaving:			

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Address:			
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Job Title:			
Dates Employed: From	To		Salary
Work Performed:			
Reason for Leaving:			

3. Please list special skills and qualifications you possess that you will apply to this positions?

4. What are your expectations of this position?

5. Describe why you perceive you are the best candidate for this position?

Teacher & Tutor Applicants

1. Certification – List area(s) and level(s) of certification on you South Dakota Teaching Certificate.

- a.
- b.
- c.
- d.

Certificate #

Expiration Date:

2. Total years of teaching experience (must be verifiable):

3. Data regarding student teaching (Applicants with 3 or more years experience do not need to complete this section.):

City & School in which Practice Teaching was done	Name of Cooperating Teacher	Grades or Subject taught	Dates : From – To	Number of Months

College Supervisor(s):

4. Extracurricular Activities for which you are qualified and are willing to supervise/coach/assist:

- | | | | |
|----------------------|----------------------|-------------------------|----------------------|
| Football | Swimming | Cheerleading | Yearbook |
| Cross Country | Golf | Dance | Music |
| Basketball | Tennis | Girls Drill Team | Instrumental |
| Wrestling | Track/Field | Dramatics | Choral |
| Gymnastics | Volleyball | Debate | Newspaper |
| Oral Interp | Honor Society | Concessions | Service Learn |
| CDL License | Other | Other | Other |

Signature

Date

By signing this application you authorize the Todd County School District to do a background check which may include law enforcement.

If offered a contract, applicants must take a drug and alcohol test.