

13. Have you taken the test for such certification previously? If so, list the dates when you took the test.

14. Do you have certification issued by another state? Yes___ No___
15. What out-of-state certification do you hold? _____

16. Are you presently employed? Yes___ No___
17. If currently employed, are you employed by a school district? Yes___ No___
18. If currently employed by a school district, have you already submitted a resignation to the district and been released from contractual obligations past the effective date of the resignation? Yes___ No___
19. If applying for an elementary position, list grade level preferences:
a.____ b.____ c.____ d.____
20. If applying for a middle school position, list preferred subject assignments:
a.____ b.____ c.____
21. If applying for a senior high school position, list preferred subject assignments:
a.____ b.____ c.____
22. Have you previously applied for employment with this district? Yes___ No___
23. If yes, when was that application submitted? _____

B. Educational Background:

High School from which graduated: _____
Graduation Date: _____

Undergraduate university or college: _____
Graduation Date: _____
Degree Received: _____
Major: _____
Minor: _____
GPA: _____
GPA in Major: _____
GPA in Minor: _____

Other undergraduate universities or colleges attended:
Name of institution: _____
Attendance dates: _____
GPA: _____

Postgraduate university attended: _____

Dates of attendance: _____

Subjects and hours completed: _____

GPA: _____

Other postgraduate universities attended: _____

Dates of attendance: _____

Subjects and hours completed: _____

GPA: _____

Practice Teaching: If practice teaching was performed during the last five years, provide the following:

Name of District: _____

Date: _____

Supervising Teacher: _____

Grade level and subjects taught: _____

Refer to the consent form at the end of this application that is needed to be signed if no college and university level transcript(s) is submitted with this application.

C. Employment History:

The District will conduct background checks to verify information provided.

CONSENT AND RELEASE OF ALL CLAIMS AGAINST PREVIOUS EMPLOYERS

Sign below if you agree that the District may contact your previous employers and ask them detailed questions about your prior work experience, if you specifically consent to the release of information by these prior employers to the District, and agree to release such prior employers, their employees, and their governing boards, from any and all causes of action or other potential claims which you could have against them for answering questions about your work experience. This consent is a covenant not to sue any prior employer, their employees, or their board members for defamation, regardless of what said prior employers may relate to the District regarding your previous employment experience.

I have read this consent and release of all claims, and in consideration of being considered an applicant for employment agree to its terms.

Applicant

Date

Provide the following information about your last district employers, with the current employer being listed first and then proceeding to your first district employer.

1. Current School District Employment:

- A. District and Job Title: _____

- B. Dates of Employment: _____
- C. Supervising Principal(s): _____
- D. Supervising Department Head(s), if any: _____
- E. Superintendent(s): _____
- F. Teaching Assignments: _____

- G. Extra-Duty Assignments: _____

- H. If employed under a name different from the name you are using for this application, under what name were you employed by this district?

- I. Reason for desiring to leave employment: _____

2.

- A. District and Job Title: _____

- B. Dates of Employment: _____
- C. Supervising Principal(s): _____
- D. Supervising Department Head(s), if any: _____
- E. Superintendent(s): _____
- F. Teaching Assignments: _____

- G. Extra-Duty Assignments: _____

- H. If employed under a name different from the name you are using for this application, under what name were you employed by this district?

- I. Reason for desiring to leave employment: _____

- 3. A. District and Job Title: _____

- B. Dates of Employment: _____
- C. Supervising Principal(s): _____
- D. Supervising Department Head(s), if any: _____
- E. Superintendent(s): _____
- F. Teaching Assignments: _____

- G. Extra-Duty Assignments: _____

- H. If employed under a name different from the name you are using for this application, under what name were you employed by this district?

- I. Reason for desiring to leave employment: _____

D. Criminal Activities:

The district has a duty to teach students proper citizenship and respect for the law, and teachers have an obligation to serve as role models for students. Because the district teaches students about the dangers of chemical abuse and because the district is entrusted with the supervision of minors, the district cannot have employees performing duties while under the influence of dangerous substances or substances which adversely affect reaction time and good judgment.

Information concerning past illegal acts will be considered along with the time of the offense, the seriousness and nature of the violation, any rehabilitations and your subsequent employment history.

- 1. Have you ever been convicted of a felony? Yes___ No___
- 2. If so, provide details: _____

- 3. Have you ever been convicted of a criminal offense involving illegal drugs? Yes___ No___
- 4. If so, provide details: _____

- 5. Have you ever been convicted of a criminal offense involving illegal use of alcohol? Yes___ No___
- 6. If so, provide details: _____

- 7. Have you ever been convicted of any criminal offense involving minors? Yes___ No___
- 8. If yes, provide details: _____

E. Driving Record:

This portion is only to be completed if you are applying for a position that requires the teacher to transport students:

1. Has your driver license been suspended within the last 5 years? Yes____ No____
2. What was the reason for the suspension, and when was it reinstated? _____

3. Have you ever been convicted of driving under the influence of drugs or alcohol? Yes____ No____
4. If yes, provide details: _____

F. Verification:

I verify the answers provided above are true and correct.

Date: _____

Applicant: _____

CONSENT FOR RELEASE OF TRANSCRIPTS

I, _____, consent to the release of my transcripts by the following educational institutions to the Commerce School District, if a copy of the transcript is so requested by the district.

Date: _____

Signature: _____

Educational Institutions, Years of Attendance or Graduation, and name on transcript, if different from name above:

1. _____

2. _____

3. _____

Note: Applications must be updated annually. If not, the application will be removed from our files.