

# Certified Employment Application

## Wolsey-Wessington School District 2-6

Office of the Superintendent  
375 Ash Street SE Wolsey, SD 57384  
Telephone: (605) 883-4221  
Fax: (605) 883-4720

### APPLICATION PROCESS

Only complete applications will be considered for screening. A complete application consists of the following:

- The completion of this application form, including signature.
- Photocopies of college transcripts
- Photocopy of South Dakota Teaching Certificate, or other certification documentation as explained in application
- Three (3) written letters of recommendation (may be included as part of your college credentials).

Please Print or Type

#### Personal Data

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

Name

(Last)

(First)

(Middle Initial)

(Maiden)

Address

(Street)

(City, State, Zip Code)

Phone

(Home)

(Cell)

(Other)

E-mail Address

Referral Source: ☐ Newspaper ☐ Job Line ☐ Personal Referral ☐ Other

#### Position Desired

- ☐ Elementary  
☐ Secondary  
☐ Administration  
☐ Other

- ☐ Full-Time  
☐ Part-Time  
☐ Other

If elementary, list grades in order of preference. If middle/high school, list subjects preferred.

If other, specify position.

#### Co-Curricular Activities

- ☐ Cheerleading  
☐ Oral Interp.  
☐ Drama  
☐ Newspaper  
☐ Yearbook

- ☐ Student Council  
☐ Track  
☐ Basketball  
☐ Football  
☐ Volleyball

- ☐ Golf  
☐ Cross Country  
☐ Volleyball  
☐ Other \_\_\_\_\_

The Wolsey-Wessington School District 2-06 is an equal opportunity employer and does not discriminate because of race, color, age, sex, marital status, religion, status with regard to public assistance or disability, national origin or veteran's status.

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### Educational Preparation

Name of School	Location (City and State)	Year	Degree	Major
High School				
Undergraduate				
Undergraduate				
Graduate				
Graduate				

Please list any special courses, seminars, and or training you have completed related to your ability to perform the job for which you are applying:

Graduate hours earned **beyond** highest degree: \_\_\_\_\_

College activities in which you participated: \_\_\_\_\_

Computer experience: ☐ Minimal ☐ Proficient ☐ Advanced

### Student Teaching

Name of School	Location (City and State)	Grade Level or Subject Taught	Dates Mo/Yr		Cooperating Teacher
			From	To	

### Certification

South Dakota Teaching Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Number	Expiration Date	Endorsements	
If no, have you applied for a South Dakota Teaching Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other State Teaching Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Expiration Date	Endorsements	
South Dakota required Praxis II Exam(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Test Code and Title		Test Date	Score

### Professional Beliefs

Attach a brief response to each of the following questions on a separate sheet of paper.

- How do you use technology to enhance learning?
  - Describe how you teach. What makes your teaching effective?
  - What unique or unusual activities do you use to stimulate learning in the classroom?
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<b>Employment History</b> (if more space is needed, please submit on a separate sheet of paper)	
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Present or Last Employer		Dates (Month and Year)		Time ✓		Total Number of Years
		From	To	Part	Full	
Address (City and State)	Phone					
Job Title	Supervisor		Supervisor's Title			
Duties						
Reason for Leaving						

Second Previous Employer		Dates (Month and Year)		Time ✓		Total Number of Years
		From	To	Part	Full	
Address (City and State)	Phone					
Job Title	Supervisor		Supervisor's Title			
Duties						
Reason for Leaving						

Third Previous Employer		Dates (Month and Year)		Time ✓		Total Number of Years
		From	To	Part	Full	
Address (City and State)		Phone				
Job Title		Supervisor		Supervisor's Title		
Duties						
Reason for Leaving						

Fourth Previous Employer		Dates (Month and Year)		Time ✓		Total Number of Years
		From	To	Part	Full	
Address (City and State)	Phone					
Job Title	Supervisor	Supervisor's Title				
Duties						
Reason for Leaving						

Fifth Previous Employer		Dates (Month and Year)		Time ✓		Total Number of Years
		From	To	Part	Full	
Address (City and State)	Phone					
Job Title	Supervisor	Supervisor's Title				
Duties						
Reason for Leaving						

## References

Give the names and phone numbers of three additional references (beyond those listed on the employment history) who are familiar with your professional work, personality, character and work performance.

Name		Years Known
Position	Work Phone	Home Phone
Workplace	Address (City and State)	

Name		Years Known
Position	Work Phone	Home Phone
Workplace	Address (City and State)	

Name		Years Known
Position	Work Phone	Home Phone
Workplace	Address (City and State)	

## Conviction Report

*Because of the tremendous responsibility Wolsey-Wessington School District 2-06 has to its school children and community, the following information is needed from all applicants regarding convictions. Failure to complete this form accurately and completely will result in disqualification from consideration for employment. Such action may also 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 to the time they initially complete this form.*

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

☐ Yes ☐ No If "yes," provide date(s) and a written explanation.

## Applicant's Certificate and Release

Under penalty of prosecution and dismissal, I hereby certify 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 the agents of Wolsey-Wessington School District 2-06. I authorize the Wolsey-Wessington School District 2-06 to make reference checks and past employment inquiries prior to employment, and I will execute such documents as are needed to facilitate this investigation.

***Before employment can be finalized, I must pass a background investigation. All necessary certification/license and official transcripts must be provided. The School Board must approve my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.***

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)