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| http://baltic.k12.sd.us/Building/Welcom1.jpg | **Baltic School District 49-1**  1 Bulldog Avenue PO Box 309  Baltic, SD 57003  Superintendent (605) 529-5464  Elementary Principal (605) 529-5461  Secondary Principal (605) 529-5461  Fax (605) 529-5443  *www.balticschool.org*  “Preparing All Students to be Successful in Life” |  |

***CERTIFIED EMPLOYMENT APPLICATION***

**All sections must be completed. Stating “see resume” is not acceptable. Date**

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| PERSONAL DATA | | | | | | |
| Social Security : | | | | | | |
| Name (Last) (First) (Middle Initial) (Other Names Known By) | | | | | | |
| Address (Street) (City, State, Zip) | | | | | | |
| **Phone** (Home) (Cell) (Message) | | | | | | |
| E-mail Address | | | | | | |
| **Referral Source:** | Newspaper (specify) Personal Referral  Website Other | | | | | |
| POSITION DESIRED | | | | | | |
| Elementary  Middle School  High School  Administration/Supervision  Other | | If elementary, list grades in order of preference. If middle/high school, list subjects preferred. | | | | Full-Time  Part-Time  Either |
| If other, specify position. | | | |
| Are you willing to supervise any student activities or coach any sports? If so, please list each activity/sport. In parentheses behind each, please list the number of years experience supervising the activity/sport. | | | | | | |
| **OTHER INFORMATION** | | | | | | |
| Are you legally able to work in the United States of America? Yes No | | | | | | |
| Have you ever been employed by the Baltic School District 49-1? Yes No  If yes,  Dates of Employment:  Position Title:  Supervisor: | | | | | | |
| Are you under contract at another school district or educational institution? Yes No  If yes,  List School District or Educational Institution:  Why do you wish to leave your present position? | | | | | | |
| Have you ever been dismissed from a position or asked to resign? Yes No | | | | | | |
| Have you ever resigned rather than face disciplinary action and/or nonrenewal by an Yes No  employer and/or disciplinary action against a certificate/license?  If yes, please provide details: | | | | | | |
| Do you wish to claim Veteran’s Preference? If yes, a DD214 form must be submitted { Yes { No  With the application. | | | | | | |
|  | | | | | | |
| **EDUCATIONAL PREPARATION** | | | | | | |
| Name of School | | **Location** *(City and State)* | **Years Attended** | **Degree** | **Major** | |
| *High School/GED* | |  |  |  |  | |
| *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 semester hours earned **beyond** highest degree:

Computer experience: Minimal Proficient Advanced

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| STUDENT TEACHING/INTERNSHIP | | | | | | | | | | | | | | | | |
| Name of School | **Location**  (City and State) | | **Grade Level or Subject Taught** | | | | | **Dates**  Mo/Yr | | | | Cooperating Teacher | | | | |
| From | | To | |
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| CERTIFICATION/LICENSURE | | | | | | | | | | | | | | | | |
| South Dakota Teacher Certificate? Yes No  **(If yes, please attach copy)** | | | | Certificate Number | | | | | Expiration Date | | | | Endorsements | | | |
| If no, have you applied for a South Dakota Teacher Certificate? Yes No | | | | | | | | | | | | | | | | |
| Other State Teacher Certificate? Yes No | | | | | | State | | | Expiration Date | | | | Endorsements | | | |
| South Dakota required Praxis II exam(s)? Yes No | | | | | | Test Code and Title | | | | | | | Test Date | | | Score |
| **EMPLOYMENT HISTORY**  If more space is needed, attach a separate sheet. | | | | | | | | | | | | | | | | |
| Present or Last Employer | | | | | Dates (Month and Year) | | | | | | Time | | | | Total No. Years | |
| From | | To | | | | Part | | | Full |
| Address (City and State) | | Phone | | |  | |  | | | |  | | |  |  | |
| Job Title | | Supervisor | | | | | Supervisor’s Title | | | | | | | | | |
| Duties | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | |
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| Second Previous Employer | | | | | Dates (Month and Year) | | | | | | Time | | | | Total No. Years | |
| From | | To | | | | Part | | | Full |
| Address (City and State) | | Phone | | |  | |  | | | |  | | |  |  | |
| Job Title | | Supervisor | | | | | Supervisor’s Title | | | | | | | | | |
| Duties | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | |
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| **Third Previous Employer** | | | | | Dates (Month and Year) | | | | | | Time | | | | Total No. 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 No. 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 No. 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 personality, character and work performance, non-relative. **In addition, a minimum of three written professional letters of references must be provided before the application process can be considered complete.** | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | Years Known | | | | | |
| Position | | | | | Work Phone (Area Code) | | | | | | Home Phone (Area Code) | | | | | |
| Work Place | | | | | Address (City and State) | | | | | | | | | | | |
| Name | | | | | | | | | | | Years Known | | | | | |
| Position | | | | | Work Phone (Area Code) | | | | | | Home Phone (Area Code) | | | | | |
| Work Place | | | | | Address (City and State) | | | | | | | | | | | |
| Name | | | | | | | | | | | Years Known | | | | | |
| Position | | | | | Work Phone (Area Code) | | | | | | Home Phone (Area Code) | | | | | |
| Work Place | | | | | Address (City and State) | | | | | | | | | | | |
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| **CONVICTION REPORT** | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony or misdemeanor, including any traffic Yes No  Violations, and/or suspended imposition(s) of sentence(s)?  If “Yes,” provide date(s):  Offense(s):  (Please note that employment will be contingent upon a criminal background check being conducted with no disqualifying record being identified.) | | | | | | | | | | | | | | | | |
| SDCL 3-1-1.1 prohibits a school district or other government entity from hiring anyone who is required by the Military Selective Service Act, 50 U.S.C. 453, as amended and in effect on January 1, 1988, to register with the selective service system and has not done so.  Are you registered? \_\_\_\_\_  If you are registered, please provide your Selective Service Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Testament & Authorization for Release of Information | | | | | | | | | | | | | | | | |
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I authorize the Baltic School District to make any investigation of any personal, educational, vocational or employment history as stated on this application. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution or government agency to provide the Baltic School District with information regarding me. I hereby release the Baltic School District and those who provide information to the Baltic School District from any and all liability as a result of providing and receiving this information. I further agree that falsification or omission of facts called for in this application, including any accompanying inserts, shall be sufficient cause for dismissal. I understand the Baltic School District is drug free, smoke free, and tobacco free. Further, I understand any offer of employment is conditional based upon a criminal background check.

I attest that all information in this application is accurate and true.

Signature of applicant Date

To be considered for a certified position, the following application materials must be submitted: letter of application, resume, Baltic School District application form, college/university transcripts, a minimum of three reference letters, and South Dakota Educator Certificate to the following address:

**Baltic School District 49-1**

**Attn: Supt. Robert Sittig**

**One Bulldog Avenue**

**PO Box 309**

**Baltic, SD 57003**

or e-mail application materials to:

**Robert.sittig@k12.sd.us**

Telephone: 605-529-5464

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| **Baltic School District 49-1 is an equal opportunity employer and does not discriminate because of race, color, age, sex, marital status, sexual orientation, religion, status with regard to public assistance or disability, national origin or veteran’s status. Baltic School District 49-1, as a government contractor, has pledged to take Affirmative Action to employ and advance employees.** |