



# TEKOA ACADEMY

*of Accelerated Studies*

## Employment Application

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_

Previous Name(s) used \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephones: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please circle position and grade levels for which applying:**

- Administration Teacher     Transportation (Valid CDL Required)     Substitute Teacher (Must have 60 college hours completed)
- Sub- Custodian     Sub- Food Service     Other \_\_\_\_\_

**Please list only the endorsements for which you are or will be qualified to teach based on training, experience, and certification:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Have you worked at Tekoa Academy previously? \_\_\_\_No \_\_\_\_Yes

If yes when? \_\_\_\_\_

Do you have any relatives working for Tekoa Academy? \_\_\_\_No \_\_\_\_Yes

If yes who; \_\_\_\_\_

**If you are applying for a sub position, please provide your availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Position: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Interviewed: Yes or No

**PREVIOUS EMPLOYMENT INFORMATION**

Employer	Address	Phone	Supervisor	Dates

**EDUCATIONAL AND PROFESSIONAL BACKGROUND**

Name and Location of Institution	From	To	Sem. Hrs	Degree	Major	Completed Yes or No

**CERTIFICATION INFORMATION**

Type of Certificate/Endorsement	State	Expiration Date

**TEACHING EXPERIENCE**

From Month/Yr	To Month/Yr	Full /Part Time	Grade Level	Supervisor	School District

**Total Years of Teaching Experience** \_\_\_\_\_ **Total Years of Special Education/Related Services Experience** \_\_\_\_\_

Are you presently under contract to another school district? \_\_\_\_Yes \_\_\_\_No

If Yes, please indicate the contract expiration date \_\_\_\_\_

## EXTRA CURRICULAR ACTIVITIES

Please indicate athletic/non-athletic extra curricular activities that you are willing to assist with or supervise.

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Specific Extra Curricular Experience(s)

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Professional Organization Membership

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**REFERENCES** – List three professional references, other than relatives, who have knowledge of your character, work experience, and abilities. At least one must be a previous supervisor.

Full Name	Home phone	Work Phone

## CHECK LIST

- Application
- Signed Background Check Form
- I-9 Form (Teachers Only)
- Resume
- Transcript
- Driver's License
- Social Security Card

## GENERAL INFORMATION

"Yes" answers to the following 4 questions will not necessarily result in denial of employment. Tekoa Academy will consider all the circumstances, including the date and nature of events, which have led to the actions described below. Your written explanation will assist Tekoa Academy in determining your eligibility, qualifications, and suitability for employment.

### Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer "YES" even if the matter was later dismissed, deferred, vacated, or expunged. If you answer "YES" you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s). \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you ever been dismissed (fired) from any job or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement., regardless of its terms. If you answer "YES" you must provide the date of termination of employment, the name, address, and telephone number of the employer(s) and a statement of the alleged reasons for termination. \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before, any licensing, certification or other regulatory agency or body, public or private? If you answer "YES" you must provide the dates of proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition. \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer "YES" you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you. \_\_\_\_\_ YES \_\_\_\_\_ NO

## EQUAL OPPORTUNITY EMPLOYER

It is the policy of Tekoa Academy of Accelerated Studies to provide equal educational and employment opportunities and to provide services and benefits to all students and employees without regard to race, color, religion, physical disability, national origin, gender, or other prohibitions. This policy of Tekoa Academy of Accelerated Studies is consistent with applicable laws, regulations, and executive orders enforced by various federal, state, and municipal agencies.

## CERTIFICATION AND RELEASE

I certify that I have read and understand this application form including the information and instructions and the Applicant Note above and that all statements made on this application are true and complete to the best of my knowledge. Any false statements on this application or during interviews will subject me to disqualification or immediate dismissal.

Signature of Applicant

Date of Application