

**Hayes Center Public Schools**  
**P.O. Box 8**  
**Hayes Center NE 69032**  
*An Equal Opportunity Employer*

**TEACHER APPLICATION**

<b>OFFICE USE ONLY</b>	
<b>Application</b>	_____
<b>Transcripts</b>	_____
<b>Resume</b>	_____
<b>Certificate</b>	_____
<b>References</b>	_____
	_____

Applicant's Full Name: \_\_\_\_\_  

Last Name
First Name
Middle Initial

Other Name(s): \_\_\_\_\_  
 Please provide any information relative to change of name, use of assumed name or nickname necessary to enable a check on your work/school record.

Social Security Number: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  

Street
City
State
Zip

Permanent Mailing Address: \_\_\_\_\_  

Street
City
State
Zip

E-Mail Address: \_\_\_\_\_

Telephone Numbers:  
 Cell ( )                      Work ( )

Please indicate any languages you speak/write and your proficiency level. \_\_\_\_\_  
 \_\_\_\_\_

**TEACHING AREA PREFERENCE (List the grades for Elementary or Subjects preferred for Secondary)**

	Elementary	Middle School	Sr. High School	Other
1 <sup>st</sup> Choice	_____	_____	_____	_____
2 <sup>nd</sup> Choice	_____	_____	_____	_____
3 <sup>rd</sup> Choice	_____	_____	_____	_____

**CERTIFICATION/LICENSE (Please submit copies of all licenses/certification)**

STATE	TYPE	ENDORSEMENT(S)	EXPIRATION	COPY ENCLOSE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied certification/licensure in any state?  
 If yes, please explain:

Have you ever held a certificate/license which was suspended or revoked for any reason?  
 If yes, please explain:

EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically)

Level of Education	Name of School or University	Dates	Major Concentration	Minor Concentration	Degree Type	Year of Graduation	Attendance Dates (M/Y)
High School							
College/University							

STUDENT TEACHING EXPERIENCE (List chronologically and include any internships)

School District City/State	Grade Level/Subject	Dates	Cooperating Teachers	Daytime Phone #

TEACHING EXPERIENCE (List chronologically all teaching experience or paraprofessional work. DO NOT include substitute teaching.)

Name of School	City/State	Position Held/ Grade/Subjects Taught	Dates MM/YY From/To	Total Years Full/Pt. Time	Daytime Phone w/Area Code

WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary)

Employer/Address	Daytime Phone #	Type of Work	Dates of Employment

REFERENCES

Please list references who are knowledgeable about your performance that are willing to give an appraisal of your qualifications for the position you seek. You may submit a placement packet from your college/university if available.

Name of Reference/Occupation	Position/Relationship	Mailing Address	Daytime Phone #

Are you currently under contract?  Yes  No Date Available \_\_\_\_\_

Have you ever been dismissed from a position or asked to resign?  Yes  No If "yes" state where and describe reasons on a separate sheet.

Have you ever been convicted of a felony?  Yes  No If "yes" provide complete details on a separate sheet indicating date, charge, place, and action taken.

Will you accept an assignment, attend meetings, or participate in other school activities after regular school hours?  Yes  No

Please indicate other student activities you can manage:

Class Sponsor  Drama  Quiz Bowl  School Annual/Journalism  Speech

Sports (please list):

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## **PERSONAL STATEMENT**

**DIRECTIONS:** Please answer each of the questions given as best you can. The space provided should be adequate. You may include an additional sheet if necessary.

Why did you choose teaching as a profession?

What are your teaching strengths?

What are your teaching weaknesses?

What can your principal expect from you? Why should we hire you? What contribution can you make?

Why do you want to work for Hayes Center Public Schools?

PLEASE READ CAREFULLY BEFORE SIGNING

**AUTHORIZATION FOR BACKGROUND INFORMATION**

I hereby authorize any person or entity whatsoever including, but not limited to, any employer, law enforcement agency, administrator, state agency, institution or private information bureau to furnish to Hayes Center Schools, or any employee or agent on its behalf, any and all information or records it may have, and further to discuss with Hayes Center Schools, or any employee or agent on its behalf, any subject which may bear upon my fitness for employment with Hayes Center Public Schools. I specifically waive any rights or privileges I have to confidentiality of such information and release Hayes Center Schools and any person or entity providing information from all legal responsibility or liability that must result from this authorization.

This authorization shall continue in full force and effect until terminated by me in writing. Further, if should become employed by Hayes Center Public Schools, this authorization shall continue for the duration of such employment: A photographic copy of this authorization shall be valid as the original.

I further agree that neither Hayes Center Public Schools nor any other person or entity shall be held liable in any respect if an employment offer is not tendered to me by Hayes Center Public Schools or is subsequently withdrawn or terminated for any reason whatsoever. I further understand that failure to provide any of the information requested may prevent consideration of my application for employment.

I certify that the information given by me on this application and any supplement is true and correct to the best of my knowledge. I understand that false statements on this application may result in termination of employment.

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*Date*

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*Signature of Applicant*

## APPLICATION CHECKLIST

Completed application form – please review your application to see that all information is included. Incomplete applications will not be considered.

Copies of all transcripts (originals will be required if you accept a position with this district)

3 current letters of recommendation

Current resume enclosed

Copies of all applicable certification enclosed

Please note that faxed or e-mailed applications will be accepted if originals are received within one week of the application deadline. Please submit your completed application and attached materials to:

**Hayes Center Public Schools**

**P.O. Box 8**

**Hayes Center NE 69032**

**E-mail: [rhoward@esu15.org](mailto:rhoward@esu15.org)**

**Fax: 308/286-5629**

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