



IRENE-WAKONDA SCHOOL DISTRICT CERTIFIED APPLICATION FORM

130 E. STATE STREET * IRENE, SD 57037

PHONE: 605-263-3311 * FAX: 605-263-3316

www.irene-wakonda.k12.sd.us

Date of Application: _____

Name: _____

Last

First

Middle

Address: _____

Street/Box

City

State

Zip

Phone Number: _____

Email Address: _____

Position Applying for: _____

Level of Preference:

High School

Middle School

Elementary

Previous Employment (list up to 3) Most recent first:

1. Name of Employer: _____
Name of last Supervisor: _____
Dates of Employment (from/to): _____
Salary: _____
Complete Address: _____
Phone Number: _____
Last Job Title: _____
Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company/school:

2. Name of Employer: _____
Name of last Supervisor: _____
Dates of Employment (from/to): _____
Salary: _____
Complete Address: _____
Phone Number: _____
Last Job Title: _____
Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company/school:

3. Name of Employer: _____
 Name of last Supervisor: _____
 Dates of Employment (from/to): _____
 Salary: _____
 Complete Address: _____
 Phone Number: _____
 Last Job Title: _____
 Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company/school:

Other skills that may be pertinent:

Please list 5 references other than relatives and previous employers:

Full Name	Position	Mailing Address	Business Phone	Home Phone

Military: (US)

Branch	Dates	Reserve Status	Type of Discharge

Education:

Type of School	Name of School and Complete Mailing Address	Year Graduated	Major or Degree
High School			
Undergraduate			
Graduate			
Other			

Graduate credits (State Quarter Hours or Semester Hours):

Number of credits since completion of your last degree: _____

Number of hours that are in your teaching field: _____

***SDCL 3-1-1.1 prohibits a school district or other government entity from hiring anyone who is required to register for Selective Service and has not done so. Males born after December 31, 1959 are required to register for Selective Service.**

Are you required to register: _____ Are you registered? _____

If you are registered, please provide your Selective Service number (call 703-605-4000 if you do not know your number): _____

Have you ever been convicted of a felony, a crime involving dishonesty, controlled substance, marijuana, or a sex offense? _____

Have you completed a background check in the last year? _____

Certification – list area(s) and level(s) of certification listed on your South Dakota Teaching Certificate:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Certificate Number: _____ Expiration Date: _____

Total years teaching experience: _____

Data regarding student teacher (Applicants with 3 or more years experience do not need to complete this section):

School	City, State	Teacher	Grades/Subject	Dates	# Months

College Supervisor for Student Teacher: _____

Extracurricular activities for which you are qualified and are willing to supervise/coach/assist:

Activities	Activities	Activities	Activities
<input type="checkbox"/> Football	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Baseball	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Softball	<input type="checkbox"/> Chorus
<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Drama	<input type="checkbox"/> Show Choir
<input type="checkbox"/> Oral Interp	<input type="checkbox"/> Honor Society	<input type="checkbox"/> Yearbook	<input type="checkbox"/> Band
<input type="checkbox"/> St. Council	<input type="checkbox"/> Other		

What can you contribute to the children at the Irene-Wakonda School District?

Please list special skills and qualifications you possess that you will apply to this job.

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I certify that the information given on this application and in any other supporting documentation and resume is true and correct. I understand that any false information and/or willful or negligent failure to disclose any requested information will constitute sufficient grounds to terminate my employment without notice.

I authorize my previous employers, schools, and persons named as references to give any information regarding my employment together with information they may have regarding me, whether or not it is in their records. I agree that Irene-Wakonda School District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers, or omissions made by me in this application. I hereby release said employers, schools, or persons from all liability for any damages whatsoever for issuing this information.

I agree to submit to fingerprinting and a criminal background check and understand that provided the Irene-Wakonda School District wishes to hire me; my employment by the Irene-Wakonda School District depends upon the results being acceptable to the Irene-Wakonda School District.

Applicant's Signature: _____

Date: _____