

## CERTIFIED APPLICATION

**PLEASE RETURN THIS APPLICATION TO:**

Agate School District #300  
 P.O. Box 118  
 Agate, CO 80101

**FOR INFORMATION CALL:**

Office: 719-764-2741  
 Fax: 719-764-2751  
 E-mail: [vicc@agateschools.net](mailto:vicc@agateschools.net)

**PERSONAL INFORMATION:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Soc. Sec#** \_\_\_\_\_

**Position(s) for which you are applying:** \_\_\_\_\_

**CERTIFICATION:** Indicate state, if not Colorado. Are you eligible to hold a Colorado Certificate? YES \_\_\_\_\_ NO \_\_\_\_\_

Type: \_\_\_\_\_ Level \_\_\_\_\_ Endorsements \_\_\_\_\_ Expires \_\_\_\_\_

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**EDUCATIONAL HISTORY:** List all college/university preparation (most recent first).

College/University & City, State	Dates	Major/Minor & Sem. Hrs.	Degree & Year

**EMPLOYMENT EXPERIENCE:** List all positions held six months or more (most recent first)

Position	Dates	District, School or Organization	Reason for Leaving

**\*\*\*\*Agate School District #300 does not discriminate in hiring on the basis of race, creed, sex, national origin, or handicapping conditions.**

To facilitate compliance with the Department of Health, Education, and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. This information is to be used only for statistical reporting purposes **AND IS OPTIONAL.**

Name: _____	Sex: Male _____ Female _____
What is your ethnic background? Hispanic _____ Black _____ Native American _____ White _____ Asian/Pacific Islander _____ American Indian _____ Other _____	
Are you an individual with a disability? Yes _____ No _____	

**If yes, please indicate any accommodations that would provide benefit to your work performance on a separate sheet of paper.**

**EMPLOYMENT OBJECTIVE:**

Give a brief overview of your educational philosophy and why you are interested in a teaching position in our district.

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**REFERENCES:**

Please list three (3) professional references and one (1) personal reference that we may contact.

Name	Title	Organization	Phone

**LEGAL INFORMATION:**

1. Have you ever been convicted of, pleaded non contend ere to, or received probation for an offense involving moral turpitude? (Moral turpitude includes but is not limited to such offenses as theft, attempted theft, murder, rape, embezzlement, unlawful sexual behavior involving a child, unlawful behavior involving a child, or indecency with a minor).

( ) YES      ( ) NO

2. Have you ever been dismissed by, or resigned from a school district as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior?

( ) YES      ( ) NO

3. Has your certificate, license of letter of authorization, ever been annulled, suspended, or revoked for unlawful sexual behavior or unlawful behavior involving a child?

( ) YES      ( ) NO

**If you answered YES to any of the above questions, please provide complete details on a separate sheet of paper.**

I certify that the information in this application is true and complete to the best of my knowledge and understand that an omission or falsification of any information in this application may result in refusal of or immediate discharge from employment.

I understand that employment is contingent upon investigation of any or all statements contained in this application, and I authorize the release of any information from persons or organization named in this application.

I understand that employment is contingent upon satisfactorily passing a physical examination if such examination is required.

I understand that this application could be shared with the other 21 districts of the East Central BOCES.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

