

WESTERN BOONE COUNTY COMMUNITY SCHOOL CORPORATION

1201 NORTH STATE ROAD 75, THORNTOWN, IN 46071
PHONE: 765-482-6333 FAX: 765-482-0890

Employing Officials
initial here after
reviewing completed
application:

_____	_____
_____	_____
_____	_____

PLEASE FILL OUT ALL BLANKS WITH COMPLETE, DETAILED INFORMATION.
YOU ARE ENCOURAGED TO INCLUDE A RESUME OF QUALIFICATIONS.

Full Name (Print) _____ Date of Application _____
FIRST MIDDLE MAIDEN LAST

Present Address _____ SSN: _____
NO. STREET CITY STATE ZIP Present telephone number _____

Permanent Address _____
NO. STREET CITY STATE ZIP

POSITION BEING SOUGHT

For Elementary Position Only: (Number in order of preference)

_____ Kindergarten _____ Grade 2 _____ Grade 4
_____ Grade 1 _____ Grade 3 _____ Grade 5 _____ Grade 6

For Middle and Secondary Positions Only: (Number in order of preference)

Middle School High School **List Major Teaching Area(s):**
_____ Grade 7 _____ Grade 9
_____ Grade 8 _____ Grade 10
_____ Grade 11 **Minor Area:**
_____ Grade 12

Other:

Activities which you could sponsor/supervise/coach:

Optional
Attach RECENT
Photo Here

EDUCATION AND PROFESSIONAL TRAINING					
TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	MAJOR(S)	DEGREE	YEARS ATTENDED	NO. OF SEM. HOURS
HIGH SCHOOL					
COLLEGE					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

LICENSE INFORMATION						
TYPE OF LICENSE (ELEM., SEC., ETC.)	GRADE	BULLETIN-RULE NO.	DATE OF ISSUE	DATE EXPIRES	SERIAL NUMBER	SUBJECT - ENDORSEMENT

Internship Required? YES NO

TEACHING AND/OR ADMINISTRATIVE EXPERIENCE				
NAME AND LOCATION OF SCHOOL (Begin with most recent)	GRADE OR SUBJECTS	FROM	TO	REASON FOR LEAVING

STUDENT TEACHING EXPERIENCE				
Complete this section if you have less than five years teaching experience				
SCHOOL AND DISTRICT	GRADE OR SUBJECTS	FROM	TO	SUPERVISING TEACHER

MILITARY EXPERIENCE	
Branch of Service: _____	Rank: _____
Date of Beginning of Active Service: _____	Date of Separation: _____
Number of Months of Active Duty: _____	Type of Discharge: _____

IMPORTANT SALARY INFORMATION	
Experience Credit:	Check All Degrees Received:
Number of years of military service: _____	BS _____
Number of years of teaching: _____	BA _____
(including present year)	MS _____
TOTAL _____	MA _____
	Ed Spec. _____
	Ed. D. _____
	Ph. D. _____
Indiana Teacher Retirement Number: _____	

WORK EXPERIENCE OTHER THAN TEACHING				
NAME AND LOCATION OF COMPANY (Begin with most recent)	KIND OF BUSINESS	FROM	TO	REASON FOR LEAVING

Who referred you to this school district? _____

Date available to begin employment. _____

PERSONAL

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of mishandling funds, criminal conduct, or other wrong doing? YES NO If yes, please explain.

Have you ever been terminated from a teaching position by a school employer? YES NO If yes, please explain.

Have you ever received an unsatisfactory performance evaluation from a school employer? YES NO If yes, please explain.

Have you ever been charged with or investigated for abuse or harassment of another person? YES NO If yes, please explain.

Have you (a) ever been arrested or ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (Nolo Contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? YES NO If yes, please explain.

Name and address of person to be notified in case of an accident.

Additional qualifications or remarks, include other items that might be of interest to your prospective employer or anything else you believe a prospective employer would want to know about yourself as an applicant:

EXTRA CURRICULAR ACTIVITIES (Clubs, Varsity Athletics, Intramurals, Etc.)

In High School:

In College:

REFERENCES

Please list at least four references, including supervising teacher (if less than five years teaching experience), present and former department chairpersons, principals, and superintendents for whom you have worked. Please be aware that these individuals may be contacted relative to your application. Please complete in full.

NAME	OFFICIAL POSITION	PHONE
1.		
2.		
3.		
4.		
5.		

Name under which transcripts and employment records may be identified if different from your present name:

**APPLICATIONS MUST BE RENEWED EACH YEAR.
RENEWAL OF THE APPLICATION IS THE RESPONSIBILITY OF THE APPLICANT.**

WAIVER

“Family Educational Rights and Privacy Act of 1974”

I being aware of the provisions of the “Family Educational Rights and Privacy Act of 1974,” hereby affix my signature and provide a waiver of the above law’s provisions.

I, hereby grant authorization to the Western Boone County Community School Corporation, the Personnel Department and all Administrators in the Western Boone School District to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporation or other field of employment.
2. Request credentials from all educational institutions I have attended.
3. Request student teaching evaluation from any assigned classroom supervising teacher.

I, hereby, further authorize:

1. Any bona fide school corporation or other employer to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Personnel Department of the Western Boone County Community School Corporation.
2. Any or all educational institutions I have attended to release my placement credentials on request, to the Personnel Department or designee of Western Boone County Community School Corporation.
3. My assigned classroom supervising teacher(s) to release my student teaching evaluation to the Personnel Department of Western Boone County Community School Corporation.

Signature of Applicant

Date

I hereby certify that to the best of my knowledge and belief the foregoing statements are true, correct and complete. I further understand that this application will become a part of my permanent personnel file should I be employed by the Western Boone County Community School Corporation.

Signed _____

FOR USE OF ADMINISTRATIVE OFFICE ONLY

Comments: _____

Reference letters: Sent For _____ Credentials: Received _____

Western Boone County Community School Corporation

1201 N. State Road 75, Thorntown, IN 46071 765-482-6333 Fax: 765-482-0890

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with Western Boone County Community School Corporation. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with Western Boone County Community School Corporation.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Western Boone County Community School Corporation. to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Western Boone County Community School Corporation. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Drivers License Number

Drivers License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Signature

Date

☐ Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.