

Licensed & Instructional Staff Application

Centennial Board of Cooperative Services

www.cboces.org

Centennial BOCES Locations

- Greeley
 - Address: 2020 Clubhouse Drive, Ste 230, Greeley, CO 80634
 - Office number: 970-352-7404
 - Fax number: 970-352-7350
- Fort Morgan
 - Address: 820 West Platte Avenue, Fort Morgan, CO 80701
 - Office number: 970-867-8297
 - Fax number: 970-867-6129

Personal and Professional Information

Please type or print legibly in black in right after the colon for each answer below.

- Name (Last, First, Middle):
- Social Security Number:
- Present Address:
- Present Telephone:
- Alternate Telephone:
- E-Mail Address:

Teaching License:

- Colorado Teaching License Held:
 - Type:
 - Level:
 - Subject of Endorsement:
- Date Issues:
- Date Expires:
- If you do not hold a Colorado Teaching License, what level/subject endorsement are you expecting to receive from the Colorado Department of Education?:
 - When?:
- Are you currently under contract?:
 - Date Available:

Level/Subject Choice

Indicate your choice of position. Please specify both level and subject (if elementary education, specify grade).

1. Level and Subject Choice:
2. Level and Subject Choice:
3. Level and Subject Choice:

Education Background

Start with the most recent education. Please use a 2 letter postal code for state. If outside the United States, include the country name next to the college name.

1. Education Background 1
 - a. College:
 - b. State:
 - c. Major:
 - d. Minor:
 - e. Dates Attended:
 - f. Month/Year Degree Conferred:
 - g. Type of Degree Conferred:
2. Education Background 2
 - a. College:
 - b. State:
 - c. Major:
 - d. Minor:
 - e. Dates Attended:
 - f. Month/Year Degree Conferred:
 - g. Type of Degree Conferred:
3. Education Background 3
 - a. College:
 - b. State:
 - c. Major:
 - d. Minor:
 - e. Dates Attended:
 - f. Month/Year Degree Conferred:
 - g. Type of Degree Conferred:

Graduate or Special Training

Not included above. Please start with the most recent.

1. Graduate or Special Training 1
 - a. College Name:
 - b. State:
 - c. Subject:
 - d. Number of Semester Hours:
 - e. Year Attended:
2. Graduate or Special Training 2
 - a. College Name:
 - b. State:
 - c. Subject:
 - d. Number of Semester Hours:
 - e. Year Attended:
3. Graduate or Special Training 3
 - a. College Name:
 - b. State:
 - c. Subject:
 - d. Number of Semester Hours:
 - e. Year Attended:

List honors received, special achievements, scholarships:

Professional References

Include current or recent supervisors.

1. Reference 1
 - a. Name:
 - b. Address:
 - c. Phone number:
 - d. Position/Occupation:
2. Reference 2
 - a. Name:
 - b. Address:
 - c. Phone number:
 - d. Position/Occupation:
3. Reference 3
 - a. Name:
 - b. Address:
 - c. Phone number:
 - d. Position/Occupation:

Personal References

Include current or recent supervisors.

4. Reference 1
 - a. Name:
 - b. Address:
 - c. Phone number:
 - d. Position/Occupation:
5. Reference 2
 - a. Name:
 - b. Address:
 - c. Phone number:
 - d. Position/Occupation:
6. Reference 3
 - a. Name:
 - b. Address:
 - c. Phone Number:
 - d. Position/Occupation:

Student Teaching/Internships/Substitute Experience

1. Experience 1
 - a. Month/Year Date From:
 - b. Month/Year Date To:
 - c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Did you student teach, intern or substitute?:
2. Experience 2
 - a. Month/Year Date From:
 - b. Month/Year Date To:
 - c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Did you student teach, intern or substitute?:

3. Experience 3

- a. Month/Year Date From:
- b. Month/Year Date To:
- c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Did you student teach, intern or substitute?:

Contractual Teaching Experience

You may attach an additional sheet if necessary.

- Total Years of Teaching Experience:
 - Colorado or Out of State?:
- Total Years of Administrative Experience? (If Applicable):
 - Colorado or Out of State?:

1. Experience 1

- a. Month/Year Date From:
- b. Month/Year Date To:
- c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Full Time or Part Time?:

2. Experience 2

- a. Month/Year Date From:
- b. Month/Year Date To:
- c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Full Time or Part Time?:

3. Experience 3
 - a. Month/Year Date From:
 - b. Month/Year Date To:
 - c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Full Time or Part Time?:

4. Experience 1
 - a. Month/Year Date From:
 - b. Month/Year Date To:
 - c. School Name:
 - i. School Phone Number:
 - ii. Address:
 - iii. Principals Name:
 - iv. Grades/Subject Taught:
 - v. Full Time or Part Time?:

Work Experience Other Than Teaching

1. Experience 1
 - a. Month/Year Date From:
 - b. Employer Name:
 - c. Employer Number:
 - d. Employer Address:
 - e. Supervisor Address:
 - f. Position Held:
2. Experience 2
 - a. Month/Year Date From:
 - b. Employer Name:
 - c. Employer Number:
 - d. Employer Address:
 - e. Supervisor Address:
 - f. Position Held:

3. Experience 3
 - a. Month/Year Date From:
 - b. Employer Name:
 - c. Employer Number:
 - d. Employer Address:
 - e. Supervisor Address:
 - f. Position Held:
4. Experience 4
 - a. Month/Year Date From:
 - b. Employer Name:
 - c. Employer Number:
 - d. Employer Address:
 - e. Supervisor Address:
 - f. Position Held:

Skill Areas

- What languages do you speak other than English?:
- Degree or Fluency:

Release and Authorization

- Have you ever been convicted of, plead no contest to, or received a deferred sentence for a crime involving unlawful sexual behavior or unlawful behavior involving children?
 - Answer:
- Have you ever been dismissed by, or resigned from, a school district or other employer as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior?
 - Answer:
- Have you had a credential, certificate or license to teach denied, annulled, revoked or suspended?
 - Answer:
- Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)?
 - Answer:

If you answered “YES” to any of the above questions, complete details are required on a separate sheet stating date, charge, place and action taken.

- Drivers License Number:
- Specify State in Which Driver’s License Issued:

I hereby authorize any current or prior employer, law enforcement agency, administrator, state agency, institution, or private information bureau that has any record or knowledge of my employment history, motor vehicle operation history, or criminal history to provide the Centennial BOCES, or its authorized representatives any such information. This authorization or a photographic copy shall be valid. Permission is granted for information to be released by any state or other governmental agency.

I hereby authorize my former employers, and their employees and/or agents, to provide the Centennial BOCES with any information and/or records requested by the Centennial BOCES concerning the employment history including, but not limited to, my job performance and the circumstances surrounding the termination of my employment. If I am employed by the Centennial BOCES and such employment later ends, I authorize the Centennial BOCES, and its employees and/or agents, to provide prospective employers with any information and/or records requested by them concerning my employment history with the Centennial BOCES including, but not limited to, my job performance and the circumstances surrounding the termination of my employment.

I certify that the information in this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in the application and supplements. I hereby grant my prospective employer or agent full authority to verify application form information via driver's record, criminal history, index and any public agency or registry files. The verification information sought may reside in state, other public or private entities.

I also understand that an omission or falsification of information in the application or any supplement may result in refusal of, or immediate discharge from employment regardless of when such omission or falsification is discovered.

Signature of Applicant:

Date:

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or the presence of a disability.

Please Return Application to Centennial BOCES Greeley Office or Fort Morgan Office.

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- Greeley
 - Address: 2020 Clubhouse Drive, Ste 230, Greeley, CO 80634
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Please notify the Centennial BOCES office if you sign a contract with any school district.

Application Information Sheet

Application Supplement A

Thank you for your interest in the Centennial BOCES. The Centennial BOCES employs licensed instructional staff for its Special Education Program. Enclosed are the following application materials:

- Application form
- Application Supplements A through C

In addition you must submit the following:

- Complete college transcripts (either official or copies)
- Two letters of professional reference
- Copy of Colorado teaching license and copy of vocational credential if applicable or explanation of status Note: For information on Colorado teaching licenses contact Educator Licensing at the Colorado Department of Education, 201 East Colfax Avenue, Denver, CO 80203, (303) 866-6628.

The application form and Supplement B must be complete in order to be accepted for processing. If other items (such as transcripts, letters of reference, etc.) are not submitted with the initial application, please indicate the status of the incomplete items.

Applicant Check List

- Completed application form
- Application Supplements B and C (C is optional)
- Complete transcripts (official or copies) – official transcripts are required when you are employed
- Two written professional reference letters
- Copy of Colorado teaching license (or explanation of status)

The completed application and all related correspondence should be sent to:

- CBOCES Greeley Address: 2020 Clubhouse Drive, Ste 230, Greeley, CO 80634
 - Office number: 970-352-7404
- CBOCES Fort Morgan Address: 820 West Platte Avenue, Fort Morgan, CO 80701
 - Office number: 970-867-8297

APPLICANT IS RESPONSIBLE TO MAKE SURE APPLICATION IS COMPLETE

- Be sure to notify the CBOCES office of any changes in your name, address, telephone number, employment status, etc. If you have questions regarding the status of your file, please give us a call.

Application Supplement B

Name:

Below, write Indicate level(s) and subject(s) that you are qualified (18+ semester hours) or licensed for in Colorado. Please include special education areas if applicable. If you have 18 semester hours or more in any subject area outside of your endorsed/qualified teaching area, please also include below and indicate the number of semester hours completed.

- Subject
- Level:

- Subject
- Level:

- Subject
- Level:

- Subject
- Level:

- Subject
- Level:

- Subject
- Level:

Extra Duty Activities

What extra duty activities can you direct or supervise? This may include athletics, music or other extracurricular activities.

1. Activity:
2. Activity:
3. Activity:
4. Activity:
5. Activity:
6. Activity:
7. Activity:

Application Supplement C

Teach Applicant Optional Information

This information below is voluntary on your part, but can assist Centennial BOCES in its equal employment opportunity efforts.

Please answer the following colon below.

What is your gender?:

What is your ethnicity:

The Centennial BOCES is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, gender or disability in their activities, programs, or employment practices as required by Title VI, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact the Director of Human Resources in the individual district or the Office of Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 N. Speer Blvd., Suite 310, Denver, CO 80204, (303)844-2991.