## TEACHER APPLICATION FOR EMPLOYMENT

## KANSAS STATE SCHOOL FOR THE DEAF 450 EAST PARK STREET – OLATHE, KS 66061-5497

Website: www.ksdeaf.org

E-Mail: tchandler@kssdb.org or Fax: 913-791-0557 Phone Number: 913/645-5358 VP: 913/324-5850

## School Mission: Total Accessibility to Language, Communication, and Education Excellence in a Visual Environment.

(*Type or print using black. Furnish ALL information requested on this application.*) ADDRESS:\_\_ NAME: Last, First & Middle Street Apt. # Telephone #: (\_\_\_\_\_) Area Code Home State Zip Code City Cell Phone #: \_\_\_\_\_ Position (s) Applied For: E-Mail Address: \_\_\_\_ Best way to contact me: Minimum salary expected: Availability date to start: AREAS OF TEACHING / EDUCATION / CERTIFICATION Do you hold a valid KANSAS Teaching Certificate? \_\_\_\_\_ If so, provide the following information: Issue Date: \_\_\_\_\_ Effective Date: \_\_\_\_ Expiration Date: \_\_\_\_ List the areas / levels of the teaching fields for which you have current certification / licensure in any state: State Endorsement Exp. Date State Endorsement Exp. Date **EDUCATION** University / College & Address Degree Major / Minor Year Received **CURRENT TEACHING EXPERIENCE** Present Position: \_\_\_\_\_\_Name of School: \_\_\_\_\_ Complete Address: \_\_ City Street State / Zip Subjects Taught: \_\_\_\_\_ Grade Level (s): Employment Dates: \_\_\_\_\_ Supervisor's / Principal's Name: Telephone #:

Current Yearly Salary: \_\_\_\_\_ for \_\_\_\_ months; specify any minimum Salary requirements:\_\_\_\_

# <u>PAST TEACHING EXPERIENCE</u> (Most Recent First)

| School Name / Address                   |      | Grades / Subjects Taught       | Years Fro |                 | Numb                                    | er of Students                          |  |
|---|------|--------------------------------|-----------|-----------------|---|---|--|
| Tel:Principal:                          |      |                                |           |                 |   |   |  |
| Tel:Principal:                          |      |                                |           |                 |   |   |  |
| Tel:                                    |      | <b></b>                        |           |                 | · • • • • • • • • • • • • • • • • • • • | ••••••••••••••                          |  |
|   |      | STUDENT TEACHI                 |           |                 | ate ate ate ate ate at                  |   |  |
| School District Name:                   |      |                                |           |                 |   |   |  |
| Address: Grade (s) & Subjects Taught: _ |      |                                | Area Code |                 |   | Number                                  |  |
| Supervising Teacher's Name:             |      |                                |           |                 |   |   |  |
| Dates Taught:                           | to   | Number of Studen               |           |                 |   |   |  |
| •••••                                   |      | EACHING EXPERIENCE (M          |           |                 | •••••                                   | • |  |
| Company Name / Address                  |      | <u>Description of Position</u> |           | From<br>mm / yy | -                                       | To<br>mm/yy                             |  |
| Tel:                                    |      | Title: Duties:                 |           |                 |   |   |  |
| Supervisor: Tel:                        |      | Title: Duties:                 |           |                 |   |   |  |
| Supervisor:                             | <br> | Title:                         |           |                 | -                                       |   |  |
| Tel:Supervisor:                         |      |                                |           |                 |   |   |  |

| What various Sign Language skills do you know? ASL, SEE, etc. Explain:  |
|---|
| What level of Sign Language / communication skill would you say you have: Basic / Fluent / Conversational / Interpreter:  Explain:  |
| Are you a U.S. Citizen? If not if you are hired, can you provide documentation that you are eligible to work in the United States?  |
| Have you ever been convicted of a felony? yes, no; If yes please explain.   |
| Conviction of a felony is not an automatic bar to employment. The school will consider the nature of the offense, the date of the offense, and the relationship of the offense to the position for which you are applying.  |
| Do you prefer a full-time or part-time job? Would you accept part-time?   |
| State any days or hours you are NOT willing to work:  |
| Why do/did you desire to leave your present/last position?  |
| The following question applies to those graduating PRIOR to this academic year: Have you ever been involuntarily terminated from the employment of a school district? yes, no; If yes, please give the name of the district, the date and the reasons for the termination |
| Are you aware of any reason you would not be able to perform the essential duties of the position for which you are making an application? yes, no; If yes, please explain  |
| What student activities are you able and willing to sponsor?  |
| Have you completed any special courses or training in a particular field that would be of assistance to you in performing the duties of the position you are applying for? yes, no; If yes, list the special training: <u>i.e.</u> : <u>behavior disorders</u>            |

**REFERENCES**: Three written references are REQUIRED **prior** to interview, they should include: Superintendent, Principals, or past supervisors.

| AFFIRMATION: I author           | rize investigation of all stat                                 | tements contained in      | this application.    | I understand that    |
|---------------------------------|--|---------------------------|----------------------|----------------------|
| misrepresentation or omission   | of facts called for is CAUSE                                   | FOR DISMISSAL. For        | urther, I understand | and agree that my    |
| 1 0                             | period and may, regardless of<br>cause without any previous no | 1 2                       | •                    | •                    |
| •                               | n with Alcops, Inc., the Ka                                    |                           | ¥ •                  | 1                    |
| Investigation. I also, understa | nd that I am required to abide                                 | by all rules and regulati | ions of the Kansas S | State School for the |
| Deaf.                           |  |                           |                      |                      |
|                                 |  |                           |                      |                      |
|                                 |  |                           |                      |                      |
| Applicant Signature             |  | Date S                    |                      |                      |
|                                 |  |                           |                      |                      |
|                                 |  |                           |                      |                      |

This application shall be considered active for a period of ninety (90) days. Any applicant wishing to be considered for employment beyond this time period shall resubmit an updated application. All applicants are considered without regard to race, color, religion, sex, sexual orientation, national origin, age, ancestry, political affiliation, veteran status, the presence of a disability, or any other non-merit factor as deemed by the U.S. Supreme Court. Specific complaints of alleged discrimination should immediately be brought to the attention of the Human Resources Director.

### **CERTIFICATION INFORMATION FOR APPLICANT**

MINIMUM REQUIREMENTS FOR EMPLOYMENT: A) Bachelor's degree in education from an accredited college or university, B) Kansas teaching certificate, C) endorsement in deaf education, and D) a certification of good health as required by Kansas law.

CREDENTIALS: Prior to interview applicants must furnish copies of all TRANSCRIPTS from their colleges/universities & references. If you do not have an OFFICIAL transcript (s), you must request them PRIOR to being hired and have them forwarded to the Human Resources Director. Contracts are NOT issued without official transcripts on file.

CERTIFICATION: A degree certificate issued by the Kansas State of Board of Education will be required. To qualify for a degree certificate, transcripts must indicate a Bachelor's degree, including the required number of semester hours in education. Website: Teacher License Application

INTERVIEWS: A minimum of one personal interview is required with the Interview Selection Committee before any offer of employment.

SALARY SCHEDULE: Teachers are placed on the salary schedule according to their training, experience, and within the established placement guidelines of the school.

#### KSD EMBRACES DIVERSITY

**SPECIAL NOTE**: If you require an accommodation because of a disability in order to participate in the application and/or interview process, please notify the Human Resources office in advance.

\*\*AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER\*\*

KSD is a tobacco free campus!

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