

800 North Boulevard Gunnison, Colorado 81230 (970) 641-7760 FAX (970) 641-7777

Application for Professional Position

All qualified applicants will receive consideration for employment without regard to race, color, creed, sex, or national origin. This school district offers equal opportunity and treatment to all employers and qualified applicants.

POSITION DESIRED:			
PERSONAL INFORMATION	ON:		
NAME:(Last)	(First)	DA'	TE OF APPLICATION
MAILING ADDRESS:			
CELL PHONE: ()		HOME PHONE: ()
EMAIL ADDRESS			

HOW TO APPLY-

The following documents are needed in **one PDF attachment**:

Cover letter Application Current résumé

Statement of your "Philosophy of Education" on a separate piece of paper Three reference letters (no more than two years old and no family member) Transcripts (copies are acceptable)

Copy of Colorado teaching license

Email PDF attachment to: jklingsmith@gunnisonschools.net

GENERAL INFORMATION:

Do you hold a valid and appr you have applied? Yes	opriate Colorado Teac No	hers License for the sub	ject or position for which
If the answer is no please exp	olain:		
Give information below:			
Colorado Teaching License:_	Type and Number	Expiration Date	Endorsements
List the student activities you fe	el you could work with:	(i.e., coaching, drama, spe	eech, newspaper, cheerleading, etc.)
Are you a certified CHSAA	coach: Yes No		
The you a confidence Chista C	oden. 103 NO		

EDUCATIONAL TRAINING:

	Dates (from – to)	Name of School	Degree	Date of Graduation
High School				
College or University				
Graduate School				
Other				

STUDENT TEACHING: (Persons with more than two years of teaching experience need not complete this portion.)

Name of City & School	Name of Critic Teacher	Subject or Grade	Dates	# Weeks	# Hours

EXPERIENCE: (Present Employer First)

		Date	Position	
Name	From:			
Address	To:	To:		
Supervisor	Reason	Reason for Leaving:		
Telephone				
_				
		Date	Position	
Name	From:			
Address	То:			
Supervisor	Reaso	n for Leaving:		
Telephone				
		Date	Position	
Name	From:	From:		
Address	То:	To:		
Supervisor	Reaso	Reason for Leaving:		
Telephone				
		Date	Position	
Name	From:			
Address	To:	To:		
Supervisor	Reason	Reason for Leaving:		
Telephone				
REFERENCES:				
Name	Position	Address	Telephone	

PROFESSIONAL ORGANIZATIONS:
List the professional organizations to which you belong, include any position you may hold within those organizations.
COMMUNITY ACTIVITIES & ORGANIZATIONS:
List any community activities and organizations which you have participated in during the past three years.
COMMENTS:
List any significant information you feel we should know.
Are you willing to travel to Gunnison, Colorado, at your own expense for a personal interview?
Yes No
I HEREBY CERTIFY by my signature that my application is complete and true to the best of my knowledge and has n intentional omission or misstatement.
DateSignature
Email PDF attachment to: iklingsmith@gunnisonschools net

Applications will be kept on file for **one year.** If the applicant desires to renew his/her application after one year, a letter of renewal must be received by this office no later than the first of January of each year.

No smoking is allowed in any school district working/meeting areas or vehicles. Selected applicant must comply with the Gunnison Watershed School District's Drug-Free Workplace policy.

APPLICANTS OATH

APPLICANT:			DATE:
Last	First	MI	
SOCIAL SECURITY NUMBER:			_ DOB:
	foral turpitude includes	, but is not limit	endere or received probation for any offense ted to, such offenses as theft, attempted theft,
If yes, state the nature of the offedetails:	ense, date of the convic	tion, the name a	and address of the court and other pertinent
			strict will consider the nature of the offense, e position for which you are applying.*
2Have you ever been inv district/ or employer other than a		or asked to resig	n from the employment of another school
If yes, please give the name of th	ne district, the date and	the reasons for	the termination or request for resignation:
3Are you aware of any reyou are making an application?	eason you would not be	e able to perform	n the duties required of the position for which
If yes, please explain:			
Signature of Applicant			Date