

CERTIFIED TEACHER APPLICATION



Dent-Phelps R-III School District

27870 Highway C
Salem, MO 65560
573-729-4680
Fax: 573-729-8644

Website: www.dentphelps.k12.mo.us
email: admin@dentphelps.k12.mo.us

PRINT CLEARLY OR USE TYPEWRITER. Answer all questions completely. This application is part of the review procedure. Incomplete information will affect the evaluation of your application. No question on this application should be answered in such a manner as to disclose race, color, creed, national origin, ancestry, age, marital status, sex, or the existence of any physical or mental condition unrelated to the performance of the position for which you are applying.

Name _____

Previous Last Name(s) _____

Social Security Number _____

Mailing Address _____

Residence Address _____

Telephone: Home _____

Work _____

Date of Application _____

Please complete entire application. Do not use "refer to resume" or equivalent statement.

Person other than spouse who will always be able to provide us with your current address and/or phone number:

Name _____

Mailing Address _____

Telephone _____

Please list the areas in which you are qualified to teach based on training, experience and preference.

1) _____ 2) _____ 3) _____

MISSOURI CERTIFICATIONS		
Certificate* <small>(Elementary, Secondary, Vocational, etc.)</small>	Endorsements* <small>(ESL, Bilingual, Learning Disabled, Physical Education, etc.)</small>	Date of Expiration

*Attach copies of certificates/endorsements.

If you are not immediately placed in a teaching position, are you interested in Substitute Teaching in the mean time? (Circle) Yes No

PROFESSIONAL REFERENCES			
List three references, other than relatives, who have knowledge of your work experience and abilities. At least one should be a previous Principal, Supervisor or Mentor Teacher. Please list in reverse chronological order, beginning with your most recent first.			
Name	Title	Address	Phone

EDUCATIONAL AND PROFESSIONAL TRAINING

Please list in chronological order, all educational institutions attended. Transcripts must be provided for each institution listed. The information on all items should be complete and accurate as it is used as the basis for determining salary.

Name and Location of Institution	From	To	Semester Hours*	Degree/ GPA**	Major	Minor
Undergraduate College Work						
Graduate College Work						

How many college semester units of graduate credit beyond your certification do you have? _____
 (Please do not count hours used to meet initial certification. OSD awards post-certification credit only.)

Beyond a Master's degree? (Circle) YES or NO Explain

*One-quarter hour equals two-thirds of a semester hour.
 **Provide GPA for degree(s) only.

STUDENT TEACHING

Use second entry if you had two student teaching assignments. Attach another sheet if you had more.

Year Fall/Spring?	GRADE LEVEL	SUBJECT	NAME OF MENTOR TEACHER	NAME OF SCHOOL & DISTRICT WHERE STUDENT TAUGHT	HOURS EARNED
University Supervisor's Name				Phone	
University Supervisor's Name				Phone	

SUBSTITUTE TEACHING

SCHOOL DISTRICT / ADDRESS / PHONE	School Year	No. Of Mos.

This district does not discriminate on the basis of age, race, color, national origin, religion, gender, or disability in its educational programs or activities, or in its employment practices.

TEACHING EXPERIENCE

Account for any gaps in employment. Attach a specific supplement if necessary. Do not indicate, "See Resume."

From _____ Mo. Yr.	No. of Yrs. FT PT	Employer	Duties (subject/grade taught)
To _____ Mo. Yr.		Address	
Name of Principal/Supervisor		Phone	Salary
		Reason for leaving	
From _____ Mo. Yr.	No. of Yrs. FT PT	Employer	Duties (subject/grade taught)
To _____ Mo. Yr.		Address	
Name of Principal/Supervisor		Phone	Salary
		Reason for leaving	
From _____ Mo. Yr.	No. of Yrs. FT PT	Employer	Duties (subject/grade taught)
To _____ Mo. Yr.		Address	
Name of Principal/Supervisor		Phone	Salary
		Reason for leaving	

Indicate number of years teaching in public schools requiring certification you have completed? Exclude partial years and Substitute teaching. Number of _____ years.

EXPERIENCE OTHER THAN TEACHING

Note: List **ALL** employment including U.S. Armed Forces in chronological order with present employer first. Attach extra page if needed.

DATES	TYPE OF WORK	EMPLOYER	SUPERVISOR
		Employer	Name
		Address City, State, ZIP	Phone
		Employer	Name
		Address, City, State, ZIP	Phone

LANGUAGES OTHER THAN ENGLISH

Identify below each language you know. Write "Fluent, Good or Fair" into the boxes labeled "Speak, Read and Write"

Language	Speak	Read	Write

STATEMENT OF TEACHING PHILOSOPHY

In your own handwriting, briefly describe your philosophy of education, illustrating your approach as a teacher. You may attach one additional sheet.

Check instructional or management techniques/programs of which you have a working knowledge.

- | | | |
|---|--|--|
| <input type="checkbox"/> 6 Trait/ Point Writing Rubric | <input type="checkbox"/> Crisis Prevention Training | <input type="checkbox"/> Phonemic Awareness/Phonics |
| <input type="checkbox"/> At-Risk Student Models | <input type="checkbox"/> Dual Language Programs | <input type="checkbox"/> Reality Therapy (Glasser) |
| <input type="checkbox"/> Balanced Literacy | <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Reciprocal Teaching |
| <input type="checkbox"/> Behavior Disordered Programs | <input type="checkbox"/> Structured English Immersion | <input type="checkbox"/> Responsible Thinking Process (Ford) |
| <input type="checkbox"/> Block Scheduling | <input type="checkbox"/> Essential Elements of Instruction
(Hunter) | <input type="checkbox"/> Site-based Advisory Councils |
| <input type="checkbox"/> Brain Compatible Learning | <input type="checkbox"/> Hands-on /Minds-on Math | <input type="checkbox"/> Thematic Units |
| <input type="checkbox"/> Cognitively Guided Instruction | <input type="checkbox"/> Hands-on /Minds-on Science | <input type="checkbox"/> Writing Across the Curriculum |
| <input type="checkbox"/> Computers as an Instructional Tool | <input type="checkbox"/> Integrated Instruction | <input type="checkbox"/> Year-round Education |
| <input type="checkbox"/> Conflict Management | <input type="checkbox"/> Literature-Based Programs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Constructivist Teaching/Learning | <input type="checkbox"/> Peer Tutoring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cooperative Learning | | <input type="checkbox"/> Other _____ |

GENERAL EMPLOYMENT INFORMATION

- | | | | |
|---|-----|----|--------------------------------------|
| 1. Are you legally eligible to work in the United States? (Circle) | Yes | No | |
| 2. Do you have authorization to begin working immediately? (Circle) | Yes | No | |
| 3. Have you ever been dismissed from a position? (Circle) | Yes | No | |
| If yes, explain _____ | | | |
| 4. Have you ever been asked to resign from a position? (Circle) | Yes | No | |
| If yes, explain _____ | | | |
| 5. Have you ever worked for the Dent-Phelps R-III School District? (Circle) | Yes | No | (If yes, when and in what capacity?) |
| _____ | | | |

REQUIREMENTS FOR CERTIFICATED APPLICATIONS

Thank you for your interest in the Dent-Phelps R-III School District. We look forward to reviewing your application.

Applications are required to be complete when submitted. Items 1-3 must be submitted together for your application to be considered complete.

1. **COMPLETED APPLICATION, RESUME, AND COVER LETTER:** You must complete all sections of the application form. We urge you to enclose a resume and a cover letter indicating your specialty areas with your application. It is to your advantage to express all your specialties, training and areas of expertise.
2. **TRANSCRIPTS:** Unofficial transcripts are acceptable until you are employed. Official Transcripts must be received within 30 days of hire. Complete transcripts include all course work listed on your application.
3. **MISSOURI TEACHING CERTIFICATE:** If you currently hold a Missouri Teaching Certificate, we ask that you submit a copy with your application. We do not require you to hold a Missouri Teaching Certificate prior to your preliminary interview or to consider your file complete, however, holding the appropriate Missouri Certificate and filing it with the Superintendent is a condition of employment.
4. **PROFESSIONAL PLACEMENT FILES:** A placement file from Career Services at your college, university or other institution must be requested by you and sent directly under separate cover or included with the application. If a placement file has not been established, send at least three letters of recommendation.

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE.

I certify that all statements made in this entire application are true and I agree and understand that any deliberate misstatement or omission of material facts will cause forfeiture on my part of all eligibility to any employment or dismissal of employment with the Dent-Phelps R-III School District. I authorize the Dent-Phelps R-III School District to independently verify all information I have given on this application, to include verification of educational background and employment records. I specifically waive any right I have to examine a copy of any written communication regarding employment by any former or current employer of mine. I further release any institution or individual from any liability or damages that might result or be claimed because of information provided. I have been advised that consideration for salary credit for previous experience in public schools will be based upon full-time certificated work experience, as recorded on this application. Such credit will be given only at the initial time of employment. I understand that my employment is not finalized until the background investigation has been completed.

I have been advised that all applicable state and federal statutes apply to the Dent-Phelps R-III School District practices and procedures. Dent-Phelps R-III is an equal opportunity institution. It is the policy and intent of this District not to discriminate in its educational programs and activities or in employment on the basis of race, color, gender, age, religion, creed, marital status, citizenship, national origin, physical or mental handicap, veteran status, or any other unlawful basis.

Signature

Date

All complete applications will be kept on active file for 45 days or until notification has been received that you have signed a contract elsewhere.