



**LOWER YUKON SCHOOL DISTRICT**

Attention: Human Resources Department

P.O. Box 32089

Mountain Village, Alaska 99632-0089

Phone: (907) 591-2411/2412

Fax: (907) 591-2022/2449

Visit our web site at **www.lysd.org**

POSITION APPLYING FOR: \_\_\_\_\_

DATE: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE: Area Code (\_\_\_\_\_) \_\_\_\_\_ Area Code (\_\_\_\_\_) \_\_\_\_\_  
 (WORK) (HOME)

PERMANENT ADDRESS: \_\_\_\_\_  
 (STREET) (CITY) (STATE) (ZIP)

TELEPHONE: Area Code (\_\_\_\_\_) \_\_\_\_\_ Area Code (\_\_\_\_\_) \_\_\_\_\_  
 (WORK) (HOME)

EMAIL ADDRESS: \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**CERTIFICATION INFORMATION**

Type of Certificate	Endorsement(s)	Date of Expiration	State

If you do not hold a current Alaska teaching certificate, have you applied for one?  YES  NO

If yes, when? \_\_\_\_\_

Have you earned six semester hours of credit within the past five years?  YES  NO

## ACADEMIC INFORMATION

Please list in chronological order, all educational institutions attended. (Exclude high school).

Name of College/University	Location (City and State)	Dates of Attendance		Degree	Major	Minor	Sem* Hours beyond Degree
		From	To				
		mo/yr	mo/yr				

\* Convert quarter to semester hours (quarter hour = 2/3 semester hour) – round to nearest whole number.

## TEACHING EXPERIENCE

(List most recent experience first. If no experience, indicate student teaching.)

Name of School and Location (Identify state only)	Dates of Employment		Grade(s)/subject(s) taught	Principal or Supervisor	Phone Number (Specify area code)
	From	To			
	mo/yr	mo/yr			

WAS ALL TEACHING LISTED ABOVE FULL-TIME UNDER CONTRACT?  
(IF NO, EXPLAIN IN DETAIL BELOW)

YES       NO

WAS A TEACHING CERTIFICATE REQUIRED IN ALL EXPERIENCES?  
(IF NO, EXPLAIN IN DETAIL BELOW)

YES       NO

## SPECIAL QUALIFICATIONS

Extra-Curricular activities you are qualified to direct or coach:

- |   |                                      |                                     |   |
|---|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Club Advisor       | <input type="checkbox"/> Photography | <input type="checkbox"/> Basketball | <input type="checkbox"/> Volleyball         |
| <input type="checkbox"/> Cheerleading       | <input type="checkbox"/> Yearbook    | <input type="checkbox"/> Wrestling  | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Academic Decathlon | <input type="checkbox"/> Newspaper   | <input type="checkbox"/> X-Country  | <input type="checkbox"/> Skiing             |
| <input type="checkbox"/> Other _____        |                                      |                                     |   |

List musical instruments played: \_\_\_\_\_

List foreign language(s) spoken: \_\_\_\_\_

**TRAINER QUALIFICATIONS**

Please indicate if you have had experience training other professionals in:

- Early Childhood
- Bay Area/Alaska Writing Project
- Computers
- Whole Language
- Madeline Hunter/Clinical Teaching
- Quality Schools Model
- Houghton-Mifflin Math
- Math Manipulative
- Standards Based Instruction

Other – (Please be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPERIENCE OTHER THAN TEACHING**

Date of Employment		Firm or Employer	Position (full-time*)	Name & phone number of Supervisor
From	Until			

**REFERENCES**

PRINCIPALS, SUPERVISORS, OR OTHERS WITH FIRST HAND KNOWLEDGE OF YOUR PROFESSIONAL PERFORMANCE.

Name	Work Phone Number	Home Phone Number	Position

**ANSWER THE FOLLOWING QUESTION TO THE BEST OF YOUR ABILITY IN YOUR OWN HANDWRITING USE ADDITIONAL SHEETS AS NECESSARY.**

1. I would like to be known as an educator who: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL QUESTIONS**

	<b>YES</b>	<b>NO</b>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently under contract? For school year? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied a certificate or had a certificate revoked?*	<input type="checkbox"/>	<input type="checkbox"/>
Have you been involuntarily released or asked to resign a teaching position?*	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?*	<input type="checkbox"/>	<input type="checkbox"/>

A fingerprint check is required of all applicants offered a professional teaching position.

\*IF YES, ATTACH A DETAILED STATEMENT OF EXPLANATION.

I hereby certify that all statements made in this application are true and complete and I understand that any misstatement and/or omission of material facts may subject me to disqualification or dismissal. I grant permission to verify and check references.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: This application, if properly completed, will be kept in our open files for one year. If for any reason an applicant is not employed by that date and he/she still wishes to be considered for an appointment, a request to retain the application must be made in writing.**

**AFFIRMATIVE ACTION – EQUAL OPPORTUNITY EMPLOYER**

**TO THE APPLICANT**

**IN ORDER TO BE CONSIDERED FOR A POSITION, YOU MUST SUBMIT THE FOLLOWING DOCUMENTS TO THE HUMAN RESOURCES DEPARTMENT:**

1. A completed application.
2. A current resume.
3. A current placement file or three to five letters of recommendation.
4. An unofficial transcript(s).
5. A copy of your current Alaska Teaching Certificate.

**A PERSONAL INTERVIEW IS REQUIRED OF SELECTED CANDIDATES AFTER INITIAL SCREENING. YOU WILL BE NOTIFIED IF SUCH AN INTERVIEW IS DESIRED. APPLICATION WILL BE HELD ON FILE FOR ONE (1) YEAR.**