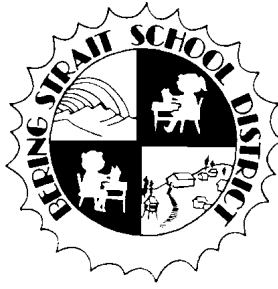


**PROFESSIONAL
APPLICATION
FOR
EMPLOYMENT**



**BERING STRAIT
SCHOOL DISTRICT
P.O. Box 225
Unalakleet, AK 99684
(907) 624-3611
(907)624-3078 fax
www.bssd.org**

DATE: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street or P.O. Box) (City) (State) (Zip)

(Phone) (E-mail)
List any physical disabilities that might interfere with your job responsibilities:

(An applicant appointed to a teaching position must complete a physical examination AND a tuberculosis screening test before the first day of duty. If hired, the necessary forms will be sent with your contract.)

ALASKAN CERTIFICATE NUMBER: _____
(If no number is available, give date of application)

ENDORSEMENT/S: _____

SUBJECT AREAS OF DEGREE MAJOR/S AND MINOR/S: _____

In which of the following levels are you certified to teach?

Counselor **ECE/K** **K-6** **Jr. High** **Sr. High** **SpEd:** **List area of specialty:** _____

Is spouse also applying for a professional position? _____

If yes, what grade/s or subject/s? _____

List below in order of your preference the grade (elementary), the specific subject (secondary), administration, guidance counselor, special education, librarian, etc., in which you are certified:

List any extra or co-curricular activities which you are willing to direct or sponsor:

OPTIONAL: Hobbies and interests:

EDUCATIONAL AND PROFESSIONAL TRAINING

Please list, in order of attendance, all educational institutions attended.

| Name of Institution | Location (City & State) | From-To Mo/Yr | Degree & Date | Major Subjects | Minor Subjects | Semester Hours |
|--|-------------------------|---------------|---------------|----------------|----------------|----------------|
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| | | | | | | |
| Total semester hours (1 quarter hour equals 2/3 semester hour) | | | | | | |

TEACHING EXPERIENCE (in Chronological Order)

IMPORTANT: Please list ALL teaching experience. For additional space, please attach a supplemental page.

| Dates From-To Mo/Yr | Grade Level &/or Subjects | Full Time* or Part-time | Regular or Substitute | # of Years | Name and Address of School District | Name of principal or Supervising Teacher |
|---------------------|---------------------------|-------------------------|-----------------------|------------|-------------------------------------|--|
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*Full-time service for BSSD consists of at least 140 full-time teaching days in one school year. Anything less than 140 full-time days is considered part time.

**Total #
Years
Experience**

EXPERIENCE OTHER THAN TEACHING (In Chronological Order Including Military Service)

IMPORTANT: Please list all nonteaching experience (account for all periods of time including layoffs, etc.)

| Dates: From-to Mo/Yr | Type of Work | City | State | Hours per Week | Name and Address of Employer |
|----------------------------|--------------|------|-------|-------------------|---------------------------------|
| | | | | | |
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REFERENCES:

Give full name, address, and phone numbers (work and home) of each reference. In naming references, if you have had teaching experience, give: supervisors, principals, and/or superintendents who have supervised you and observed you in the classroom setting. If you have had no teaching experience, you must include the names(s) of the instructor(s) who supervised you during your student teaching experience. If all of your references are in a placement agency, **PLEASE HAVE YOUR PLACEMENT PAPERS FORWARDED TO THE BERING STRAIT SCHOOL DISTRICT.** We will also need a copy of your official transcripts sent from the registrars at your college(s) and/or university(ies).

| Name | Position | Home Phone | Work Phone | Address |
|------|----------|------------|------------|---------|
| | | | | |
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| | | | | |
| | | | | |

My placement papers are being sent: Date Requested: _____

My transcripts are being sent: Date Requested: _____

AFFIDAVIT

Are you currently tenured with an Alaska school district? Yes No

Are you presently under contract? Yes No For School Year: _____

Are you a citizen of the United States? Yes No

Have you even been denied a certificate or had a certificate revoked? Yes No

Have you ever been involuntarily released or asked to resign a teaching position? Yes No

Have you ever been convicted of a felony or non-felonious sex-related offense? Yes No

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

I CERTIFY THAT the statements made by me in this application are true and correct to the best of my knowledge, and become a part of my official record. By signing this I also authorize law enforcement agencies to release to the Bering Strait School District information regarding any felony convictions or convictions of any non-felonious sex-related offenses or offenses.

SIGNATURE OF APPLICANT _____

DATE _____

PLEASE NOTE: This application, if properly filled out, will be kept in open file until December 31 of the year applied. If the applicant is not appointed by that date, and still wishes to be considered for appointment, renewal of the application must be made in writing by January 31 of the following year.

RETURN THIS FORM AND ALL MATERIALS TO:

**Personnel Office
Bering Strait School District
P.O. Box 225
Unalakleet, Alaska 99684**

**Bering Strait School District
Affirmative Action Survey**

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants/employees. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: () Male
() Female

Check if any of the following are applicable:
() Vietnam Era Veteran
() Disabled Veteran
() Handicapped Individual

Check one of the following Race/Ethnic groups:

() Alaska Native/American Indian
() Asian/Pacific Islander
() Black
() Caucasian
() Hispanic

"Bering Strait School district does not discriminate on the basis of race, color, national origin, sex, age or disability."