TEACHER APPLICATION COVINGTON COMMUNITY SCHOOLS COVINGTON, INDIANA

BACKGROUND INFORMATION

Name.				
First	Middle	Last		
Present Position		Business Phone	Home	Phone
Present Addre	ss:			
	ss:			
Licenses Held (type & stat	e):			
Position Sought: Elemen	tary School (indicate grade le	ever preference):		
	dle School (indicate licensed			
	igh School (indicate licensed			
		teaching areas).		
Teacher Retirement Numbe				
	ase list the names of five (5) plifications.	persons who know your prof	essional back	ground and
Name and Position	Address	Offi	ice Phone	Home Phone
Name and Position	Address	Offi	ice Phone	Home Phone
Name and Position	Address	Offi	ce Phone	Home Phone
Name and Position	Address	Offi	ice Phone	Home Phone
Name and Position	Address	Offi	 ce Phone	Home Phone

PROFESSIONAL EXPERIENCE

*Undergraduate: Institution	Dates Attended	Major/Minor	Degree & Date
		-	Degree & Date
1.			
2.			
3.			
*Graduate:			
Institution	Dates Attended	Major/Minor	Degree & Date
1			
1.			
2.			
2			
3.			
*Additional Education Preparation Institution	(including specialized semin Dates Attended	ars, workshops, etc.): Specialization	
1.			
2			
2.			
3.			
*Professional Experience and/or Experience Organization	mployment Record (please li	st most recent first):	ze Dates
1.			
2.			
3.			
4.			
5.			

APPLICATION QUESTONS

Please answer the following questions on a separate piece of paper:

- 1. Briefly describe yourself.
- 2. List in strength priority the talents and skills you posses as a successful educator.
- 3. Please list honors, awards, commendations, elective or appointive offices held, and other recognition received.
- 4. Please list extra-curricular activities in which you have participated in high school or college.
- 5. Please list extra-curricular activities you would be willing to sponsor/coach.
- 6. In what area(s) do you feel least qualified?
- 7. Please list and describe any unique qualifications that may distinguish you from other candidates for this position.

Should this application be treated as confidential with regard to your present employer?

[YES] [NO]

Please return the completed application to:

Superintendent Covington Community Schools 601Market Street Covington, IN. 47932

Telephone: 765-793-4877 Fax: 765-793-5209

Covington Community Schools does not discriminate, deny benefits to, nor exclude anyone from participation on the basis of sex, race, national origin, religion, handicap, or color of skin.

OTHER QUESTIONS

YES NO Are you presently being investigated or under a procedure to consider your 1. discharge for misconduct by your present employer? 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign YES NO from a prior position? YES NO 3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct? Have you ever been charged with or investigated for physical sexual abuse YES NO 4. of another person? YES NO Have you ever been charged with, pleaded guilty or "no contest" to, or been 5. convicted of, any crime involving sexual abuse of any person or any other crime of moral turpitude? YES NO Have you ever been convicted of a misdemeanor and/or felony or ever 6. entered a plea of guilty or a plea of "no contest," or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for a crime? YES 7. Have you ever had a license (teachers/drivers) revoked in this state or any NO

If you answered "yes" to any of the first questions, please explain on a <u>separate paper</u> including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved.

other?

AUTHORIZATION AND RELEASE

I authorize Covington Community Schools to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history" possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers, or local state, or federal agencies to provide Covington Community Schools any information they may release concerning the matter described herein, and will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against Covington Community Schools, its officials, employees, trustees, or agents, or against any individual, corporate, and/or agency provider of such information. I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

I hereby acknowledge that each and every statement made in this application is true and complete to the best of my knowledge and belief; I further agree to contact the Covington Community Schools and correct any statement contained herein and discovered to be untrue or incomplete prior to my employment in said School Corporation. I understand that if employed, falsified statements may be considered sufficient cause for dismissal.

Signature	 Date