

Special Education

<input type="checkbox"/> Communicaiton Disorders	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Visual Impairments
<input type="checkbox"/> Physical/Health Impaired	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Emotional Disabilities
<input type="checkbox"/> Mental Disabilities	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Other <input type="text"/>

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	GRADUATION DATE	DEGREE OR DIPLOMA EARNED	CERTIFICATION COMPLETED
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Masters or Fifth Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank I or Ed.S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctorate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STUDENT TEACHING

Name of School	County Location	Grade & Subject	Dates	Name of Principal	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TEACHING EXPERIENCE

Name of School	County/ Location	Grade & Subject	Dates	Name of Principal	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number of Years of Experience

WORK EXPERIENCE OTHER THAN TEACHING

Kind of Work	Company	Address	Dates	Name of Supervisor	Phone

Please list any extra-curricular activities in which you have expertise and with which you would be willing to assist.

Please answer each question below. Attach additional pages if needed.

1. What does being a “team player” mean to you?

- 2. A parent comes to you and complains that what you are teaching his child is irrelevant to the needs of the child. How will you respond?**

- 3. Which research-based instructional strategies will you implement in your classroom?**

- 4. How will you assess the learning of your students?**

5. How will you differentiate instruction in your classroom?

6. How will you earn the respect of your students?

**7. What was the single most positive aspect of your last year of teaching/student teaching?
Most negative?**

8. If there were absolutely no restrictions, what would you most want to do in life? Why?

REFERENCES

Provide full name and contact information for each reference. Please include supervisor responsible for supervising and evaluating your performance, including the name of your student teaching course instructor. The judgment of a nonprofessional person in reference is usually only valuable from the standpoint of general character.

	Full Name	School or Company	Address	Position	Daytime Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Please provide any additional information which would be helpful in reviewing your application:

OTHER DATA

Please include the following information with your application:

- Transcript
- Copy of Teaching Certificate
- Praxis Scores
- Three (3) Letters of Reference

APPLICANT'S STATEMENT

I understand that my filling out this application does not imply any promise of my employment with Somerset Independent Schools. I further understand that, if employed, I would be required to abide by all rules and regulations of the employer.

I certify that the information on this application is true and correct to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of information will be sufficient cause for cancellation of my application or dismissal from subsequent employment by the Somerset Independent Schools.

Should I be employed by Somerset Independent Schools, I will be able to show proof of my legal right to work in the United States as required by the Immigration Reform and Control Act of 1986.

I understand that for this type employment, state law requires a national and state criminal background check as a condition of employment.

I understand that, as part of the employment process, I may be required to undergo a urinalysis test for the detection of illegal use of drugs.

I authorize Somerset Independent Schools to investigate my previous employment and to make such other investigations as may be deemed necessary. I release Somerset Independent Schools and my current and previous employers from all liability resulting from such information.

I understand that I may request accommodation if I am currently disabled or become disabled.

Signature

Date

Somerset Independent Schools

305 College Street, Somerset, KY 42501
Phone: 606-679-4451 Fax: 606-678-0864

TO:

<input type="text"/>		<input type="text"/>	
Name		Title	
<input type="text"/>			
Street Address		City	State Zip Code

I hereby give you permission to complete and release this reference form to the Somerset Independent Schools. I agree that the information requested will become part of my personnel file as an applicant or employee of the Somerset Board of Education, and I agree that the information will not be disclosed to me, but is to be treated as confidential by the Somerset Board of Education. I waive my right to see this information. I further release and agree to hold harmless the Somerset Board of Education and the persons and/or legal entities completing the reference form from any and all claims, demands, actions, and causes of actions, which I might have resulting, or to result from, the furnishing or utilization of the information requested and/or provided.

<input type="text"/>	<input type="text"/>	
Date	Signature of Applicant	Social Security Number

Position Applied For:

CONFIDENTIAL

The above named person has filed an application for employment with the Somerset Independent Schools. In completing the application, the applicant has indicated you may be able to help us in evaluating his/her potential as an employee.

Please complete the Official Confidential Information form, add any comments you wish to make, and mail to

Somerset Independent Schools
Personnel Department
305 College Street
Somerset, KY 42501

TO THE APPLICANT: Please send a copy of this form to all references listed in your employment application. You should include a pre-addressed, stamped envelope to be mailed directly to:

Somerset Independent Schools
Personnel Department
305 College Street
Somerset, KY 42501

OFFICIAL CONFIDENTIAL INFORMATION

Based on your experience, please rate the applicant as follows:

Please indicate performance level	Outstanding	Above Average	Average	Fair	Below Average	Unknown
Professional reliability and attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in school and community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity in social and intellectual areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularity of attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility in areas or morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports school policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of constructive supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with administration and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for the individual child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Success in teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capability in curriculum materials and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to identify and meet the needs of all students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic and vivacious in teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant?

Would you recommend employment of the applicant as a teacher or administrator?

Yes **With Reservation** **Cannot Recommend** **Explain:**

Would you want the applicant to work with your child in an educational setting? **Yes** **No**

Information given above is based on (check all that apply):

Personal Acquaintance with Applicant

Worked Under my Supervision

Student in my Class at School

Co-worker

Student Taught Under my Supervision

Worked Under Supervision of Applicant

Comments:

Signature

Position

Phone