

Prairie Hills USD 113 is an equal opportunity employer and does not discriminate on the basis of race, Religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

Dear Applicant,

Thank you for your interest in employment at Prairie Hills USD 113. We are comprised of three locations serving the Axtell, Sabetha, and Wetmore communities with our K-12 Public Education Program. If you have any questions about the application process, please feel free to contact us at the Board of Education office at (785) 284-2175.

A complete applicant packet includes a resume, application, transcripts, credentials/referrals, and a copy of your Kansas Teaching Certificate if you have it.

Please include a letter that provides details from the following statement: "Summarize your philosophy of education as it relates to education as well as to the specific position for which you are applying. Add any additional information which will give a more complete picture of your training, work experiences, character, interests, abilities, and personal background.

Please return packet via:

Email: boe@usd113.org

Mail: Prairie Hills USD 113 c/o Superintendent 1619 S. Old Hwy. 75 Sabetha, KS 66534 Fax: (785) 284-3739

We look forward to hearing from you.



CERTIFIED STAFF EMPLOYMENT APPLICATION

Prairie Hills USD 113 is an equal opportunity employer and does not discriminate on the basis of race, Religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

			Da	ate://		
Applicant Information (Information wi	II be used to complete bac	kground screening)				
First Name	Middle Initial		Last Name			
Address		C:b.	Ctata	7:-		
Address		City	State	Zip		
Cell Phone	Home Phone		Email			
Driver's License #	Driver's License State					
2	2					
Applicant Questionnaire						
Applicant Questionnaire						
Decised Perities	Data Available		Vacua of Functions			
Desired Position	Date Available		Years of Experience			
Are you currently under contract?				Yes □		
Do you have a valid Kansas Teaching Certificate?	?			Yes □		
*If yes, Type of Certificate	, Expiration Date	, and	d Educator ID			
*If yes, Type of Certificate, Expiration Date, and Educator ID						
Are you willing to travel for an interview at your own expense? (Axtell, Sabetha, or Wetmore) Yes □						
Would you accept temporary or part-time work?				Yes □		
Have you ever been convicted of a felony or any crime other than a minor traffic violation? Yes □						
*If yes, please explain:						
Education History (If needed, attach addition	nal documentation.)					
Begin Date End Date Sch	nool Name	Location	School Type	Type of Degree/Diploma		
			1,700	Begree/Biploma		

Student Tea	ching Experience								
\$	Grade(s) & Subject(s) Taught		Name of School	Location of School		# of Semesters			
Teaching Ex	perience (Lis	st below <u>ALL</u> teaching experi	ence.)						
Begin Date	End Date	Name of School	Location of School	Grade/Subject	Special Duties	Full-Time			
						Yes □			
						Yes □			
						Yes □			
						Yes □			
						Yes □ Yes □			
						— Yes □			
						— Yes □			
Other Inform	ation List a	ny extra-curricular activities v	which you are willing and qua	lified to direct:					
	Activity		Location		Years of Experien	ce			
List college activities engaged in, and any honors received before and after graduation:									
Listandonia		to orbital constitution							
List professio	nai organizations	to which you belong.							
Non-Teaching Employment (List below your last three employers, starting with the most recent first.)									
Begin Date	End Date	Employer Name	Location	Position	Reason for Leaving	May we Contact			
						Yes □			
						Yes □			
						Yes □			
						Yes □			

Professional References								
Name	Phone Number	Assoc	Association Years Known					
Statement (Please read this	statement carefully before sign	ing this application.)						
I authorize USD 113 to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release USD 113 and its representatives or agents, from any liability that might result from such investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I certify that all statements in this completed application are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire. Signature of Applicant DO NOT WRITE BELOW THIS LINE								
	<<<<<< FOR EM	PLOYER USE ONLY >>>	»>>>>>					
// Start Date		// Termination Date		BOE Approved Date				
SALARY SCHEDULE								
Position/Supplemental	Step	Level	Amount	Effective Date				