



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.

Student Teaching Experience

Grade(s) & Subject(s) Taught	Name of School	Location of School	# of Semesters
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teaching Experience (List below ALL teaching experience.)

Begin Date	End Date	Name of School	Location of School	Grade/Subject	Special Duties	Full-Time
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>

Other Information List any extra-curricular activities which you are willing and qualified to direct:

Activity	Location	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____

List college activities engaged in, and any honors received before and after graduation:

List professional 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 <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>

Professional References

Name	Phone Number	Association	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Statement *(Please read this statement carefully before signing 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 Date

..... **DO NOT WRITE BELOW THIS LINE**

<<<<<<<<<< FOR EMPLOYER USE ONLY >>>>>>>>>>

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____
 Start Date Termination Date BOE Approved Date

SALARY SCHEDULE

Position/Supplemental	Step	Level	Amount	Effective Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____