# Northwest Wyoming Board of Cooperative Educational Services Certified Staff Application for Employment

Name			
	(First)	(Middle)	(Last)
Present Addre	ess		Phone ( )
(City)	(State)	(Zip)	
Permanent Ac	ldress		Phone ( )
(City)	(State)	(Zip)	
Present Positi	on		
Where are you	ur credentials on file?		

Check here if you are asking placement office to forward papers. [ ]

If you are applying for a secondary school position, indicate below the subject(s) you are qualified to teach and the number of semester hours in each. If you are applying for the elementary grades, indicate the grades you prefer to teach.

# **POSITION (S) DESIRED**



#### INSTRUCTIONS

Give all information called for. Information given here will become a part of the contract, if elected.

#### **IMPORTANT INFORMATION**

If elected, the applicant agrees to accept building, activity, and subject assignments as made by the Administrative Director. A single salary schedule prevails at NW BOCES, with salaries determined by training and experience. The Administrative Director retains authority to assign you to any area or assignment for which you are qualified, as is determined to be in the best interest of NW BOCES.

Please complete the following questions in the space provided **IN YOUR HANDWRITING** 

1. What prompted you to become an educator?

2. If employed by NW BOCES, how would your employment be beneficial to the NW BOCES program?

3. What, in your opinion, is the <u>single, most important</u> quality/ability that a student should achieve for transition from an educational residential treatment facility?

4. If you could not work in the field of education, what career would you choose and why?

# PERSONAL DATA

- Are you 21 years of age or older: (DFS guidelines require applicants to be at least 21 years old. Yes ( ) No ( )
- 2. During the past three years, approximately how many days have you been absent from work or school because of accident or illness unrelated to a physical or mental disability or handicap?
- 3. Do you have any physical or health problem, if provided reasonable accommodation, which would prevent you from carrying out your job duties? \_\_\_\_\_\_
- 4. Present Position
- 5. Present Salary \_\_\_\_\_
- 6. Why do you wish to leave your present position?\_\_\_\_\_

7.	Do you have	a Wyoming Teaching Certificate	? Yes (	)	No	(	)	
	If so, state:	Date of Expiration			Level		-	
		•						Elementary or Secondary
		Endorsements						
	If elementary	level, state your strong areas of	preparati	on:				
	1)	2)					3	)
	If secondary	level, state fields in which you are	e certified	l to t	each:			,
	2)	2)					3	)

- 8. If you are not certified to teach in Wyoming and you are a secondary teacher, state number of semester hours in your major teaching field: \_\_\_\_\_ minor teaching field \_\_\_\_\_
- 9. List special skills or abilities you have and are willing to continue using in our program \_\_\_\_\_

10	Can you teach music? art? 0. What co-curricular activities are you endorsed to supervise, coach, etc.?	
	<ol> <li>List vocations for which you have prepared besides teaching?</li> <li>List your travel experiences (approximate dates and places):</li> </ol>	

13. Have you ever failed to be re-employed? \_\_\_\_\_ Where? \_\_\_\_\_ If answer is yes, state reasons: \_\_\_\_\_\_

14. List honors received: \_\_\_\_\_\_

15. Have you ever been convicted of or pled nolo contendere to or otherwise received a deferred sentence in consideration of fulfilling the terms of probation as to any felony or any crime relating to child abuse or neglect, or any crime relating to sexual abuse of a minor?

- 16. Will you consent to the release of any and all information or records maintained by the Wyoming Department of Family Services concerning you and sign the appropriate release so that such records may be released to Northwest Wyoming Board of Cooperative Educational Services? () Yes () No
- 17. Pursuant to the provisions of W.S. S 21-7-401, any employee who is to be hired by the Northwest Wyoming Board of Cooperative Educational Services on or after July 1, 1996, who may have access to minors, is required to submit to fingerprinting for the purpose of obtaining state or national criminal history record information before employment. Do you consent to provide the appropriate fingerprinting and other information for NW BOCES to conduct a criminal background check? () Yes () No

 Even if you have had a separate criminal background check done by the Professional Teaching Standards Board, NW BOCES will conduct a separate Criminal background check. Will you give NW BOCES your consent to conduct this background check? Yes () No ()

#### AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned applicant/employee, hereby expressly authorize NW BOCES, its director, principals, agents, employees, and other authorized representatives thereof, to make any investigation in my personal or employment history including, but not limited to, investigation of my personal or employment history, federal and/or state criminal, law enforcement or traffic records. I specifically authorize those persons who have access to such information to make copies of all prior personal and employment history records and the records of any and all law enforcement agencies, courts, and social service agencies. I further authorize representatives of any agency contacted by agents or representatives of NW BOCES to release and make copies of such records in connection with my application for employment with NW BOCES. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental or law enforcement agency, Department of Family Services, Department of Criminal Investigation, or other entity, to give to NW BOCES as set forth above, any information, oral or written, they may have regarding me. In consideration of the review of my employment application, by said NW BOCES and its authorized agents as set forth above, I do hereby release and hold harmless NW BOCES and any person, entity or agency providing them with information from any liability or claims resulting from the release of this information.

Applicant

#### **APPLICANT STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, or provide evidence of citizenship.

Date

Applicant

Additional items are needed to complete your application. No person shall be considered an applicant for employment unless complete applications are on file. Official copies of transcripts must be filed with the Administrative Director's office. Applicants must submit copies of transcripts of all training taken. If you have not graduated, an additional statement listing courses up to graduation should be included.

A set of your confidential credentials from your College Placement Bureau or other placement agency should be submitted.

A personal interview may be required for employment. Interviews are generally arranged by invitation of the appropriate Administrator or supervisor. Interview expenses are the candidate's responsibility.

Mail application to: Administrative Director Northwest Wyoming Board of Cooperative Educational Services P.O. Box 112 Thermopolis, WY 82443 This application will be kept only for one (1) year. However, each time a new position opens up which you desire to be considered for, you must notify the school of your intent to reactivate your application; or if more than one year has passed, submit a new application.

THE BOARD IS COMMITTED TO A POLICY OF NON-DISCRIMINATION IN ALL POLICIES AND PRACTICES DEALING WITH EMPLOYEES AND APPLICANTS FOR POSITIONS OF EMPLOYMENT WITH NW BOCES. THE FACTORS OF AGE, SEX, RACE, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, OR HANDICAPS SHALL NOT BE CONTROLLING FACTORS WITH REGARD TO RECRUITMENT, INTERVIEWING, SELECTION, PLACEMENT, PROMOTION, COMPENSATION, OR TERMINATION. COMPLAINTS REGARDING DISCRIMINATION MAY BE PURSUED THROUGH THE ADMINISTRATIVE HEARING PROCEDURE SET FORTH IN BOARD POLICY 8022 AND 8022R, GRIEVANCES OR WYOMING DEPARTMENT OF EDUCATION, OFFICE FOR CIVIL RIGHTS COORDINATOR, 2300 CAPITOL AVE., 2<sup>ND</sup> FLOOR, CHEYENNE, WY 82002-0050, 307-777-7675.

Revised 2/2015 Reviewed 8/2016 Revised 11/2016

# **EDUCATIONAL TRAINING**

NAME OF SCHOOL	Location	Dates Inclusive	No. of Years	Major	Minor	Diploma or Degree	Year of Graduation	Sem/Qtr hrs in Major	Sem/Qtr hrs in Minor
Senior High (9-12)									
College or University									
Graduate Work									

REFERENCES Give five references, including Superintendent, Principals, supervisors under whom you have worked, who have first-hand knowledge of your character, personality, scholarship and job ability.

NAME	ADDRESS	PHONE (Including area code)	OFFICIAL POSTION

### EDUCATIONAL AND EMPLOYMENT EXPERIENCE (Include student teaching)

Dates: From-To	Location and Name of School	No. of Yrs.	No. of Bldg.	Teachers System	Yearly Salary	Subjects Grade Levels Taught or Positions Held	Reasons for Leaving	Immediate Supervisor's Name and Phone