



LICENSED & INSTRUCTIONAL STAFF APPLICATION

CENTENNIAL BOARD OF COOPERATIVE EDUCATIONAL SERVICES

WWW.CBOCES.ORG

Greeley Office 2020 Clubhouse Drive, Ste 230, Greeley, CO 80634 970-352-7404 Office / 970-352-7350 FAX	Fort Morgan Office 820 West Platte Avenue, Fort Morgan, CO 80701 970-867-8297 Office / 970-867-6129 FAX
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(Please type or print legibly in black ink)

PERSONAL AND PROFESSIONAL DATA:

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____

Present Telephone #: (____) _____ Alternate Telephone #: (____) _____
(if applicable)

E-Mail Address: _____

TEACHING LICENSE:

Colorado Teaching License held: _____
Type Level Subject of Endorsement

Issued: ____/____/____ Expires: ____/____/____

If you do not hold a Colorado Teaching License, what level/subject endorsement are you expecting to receive from the Colorado Department of Education? _____ When: ____/____/____

Are you currently under contract? ____ Yes ____ No Date Available: ____/____/____

LEVEL/SUBJECT CHOICE:

Indicate your choice of position – please specify both level and subject (if elementary education, specify grade).

Please utilize levels and subjects from the enclosed Supplement "B" form

- | | Level | Subject |
|----|-------|---------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

EDUCATION BACKGROUND: (start with most recent education). Please use 2 letter postal code for state. If outside the United States include country name next to college name

College Name	State	Major	Minor	Dates Attended	Mo/Yr Degree Conferred	Type of Degree Conferred

GRADUATE OR SPECIAL TRAINING (NOT INCLUDED ABOVE): (start with most recent education)

College Name	State	Subject	# of Semester Hours	Year Attended

List honors received, special achievements, scholarships: _____

PROFESSIONAL REFERENCES: (Include current or recent supervisors)

Name	Address	Telephone	Position/Occupation
1.	_____	(H) (____) _____ (W) (____) _____	
2.	_____	(H) (____) _____ (W) (____) _____	
3.	_____	(H) (____) _____ (W) (____) _____	

PERSONAL REFERENCES:

Name	Address	Telephone	Position/Occupation
1.	_____	(H) (____) _____ (W) (____) _____	
2.	_____	(H) (____) _____ (W) (____) _____	
3.	_____	(H) (____) _____ (W) (____) _____	

STUDENT TEACHING, INTERNSHIPS, SUBSTITUTE EXPERIENCE: (start with most recent experience)

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Principal's Name	Grades/Subject Taught
		_____	_____		
		Phone # (____)			

Please Check One: Student Teaching ___ Internship ___ Substitute ___

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Principal's Name	Grades/Subject Taught
		_____	_____		
		Phone # (____)			

Please Check One: Student Teaching ___ Internship ___ Substitute ___

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Principal's Name	Grades/Subject Taught
		_____	_____		
		Phone # (____)			

Please Check One: Student Teaching ___ Internship ___ Substitute ___

CONTRACTUAL TEACHING EXPERIENCE: *(start with most recent experience – attach separate sheet if necessary)*

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Grade/Subject Taught

Full Time ___ Part Time ___ Phone #: (____) _____ Principal's/Supervisor's Name: _____

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Grade/Subject Taught

Full Time ___ Part Time ___ Phone #: (____) _____ Principal's/Supervisor's Name: _____

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Grade/Subject Taught

Full Time ___ Part Time ___ Phone #: (____) _____ Principal's/Supervisor's Name: _____

Mo/Yr Date From	Mo/Yr Date To	School Name	Address	Grade/Subject Taught

Full Time ___ Part Time ___ Phone #: (____) _____ Principal's/Supervisor's Name: _____

Total years teaching experience: Colorado ___ Out of state ___

Total years administrative experience (if applicable): Colorado ___ Out of state ___

WORK EXPERIENCE (OTHER THAN TEACHING): *(start with most recent experience)*

Mo/Yr Date From	Mo/Yr Date To	Employer Name	Employer Address	Position Held

Phone #: (____) _____ Supervisor's Name: _____

Mo/Yr Date From	Mo/Yr Date To	Employer Name	Employer Address	Position Held

Phone #: (____) _____ Supervisor's Name: _____

Mo/Yr Date From	Mo/Yr Date To	Employer Name	Employer Address	Position Held

Phone #: (____) _____ Supervisor's Name: _____

Mo/Yr Date From	Mo/Yr Date To	Employer Name	Employer Address	Position Held

Phone #: (____) _____ Supervisor's Name: _____

SKILL AREAS:

What languages do you speak, read and/or write other than English? _____

Degree of fluency: ____Minimal (1) ____Moderate (2) ____Intermediate (3) ____Fluent (4)

RELEASE AND AUTHORIZATION:

Have you ever been convicted of, plead no contest to, or received a deferred sentence for a crime involving unlawful sexual behavior or unlawful behavior involving children? ____Yes ____No

Have you ever been dismissed by, or resigned from, a school district or other employer as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior? ____Yes ____No

Have you had a credential, certificate or license to teach denied, annulled, revoked or suspended? ____Yes ____No

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)? ____Yes ____No

If "YES" to any of the above questions, complete details are required on a separate sheet stating date, charge, place and action taken.

Driver's License Number

Specify State in Which Driver's License Issued

I hereby authorize any current or prior employer, law enforcement agency, administrator, state agency, institution, or private information bureau that has any record or knowledge of my employment history, motor vehicle operation history, or criminal history to provide the Centennial BOCES, or its authorized representatives any such information. This authorization or a photographic copy shall be valid. Permission is granted for information to be released by any state or other governmental agency.

I hereby authorize my former employers, and their employees and/or agents, to provide the Centennial BOCES with any information and/or records requested by the Centennial BOCES concerning the employment history including, but not limited to, my job performance and the circumstances surrounding the termination of my employment. If I am employed by the Centennial BOCES and such employment later ends, I authorize the Centennial BOCES, and its employees and/or agents, to provide prospective employers with any information and/or records requested by them concerning my employment history with the Centennial BOCES including, but not limited to, my job performance and the circumstances surrounding the termination of my employment.

I certify that the information in this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in the application and supplements. I hereby grant my prospective employer or agent full authority to verify application form information via driver's record, criminal history, index and any public agency or registry files. The verification information sought may reside in state, other public or private entities.

I also understand that an omission or falsification of information in the application or any supplement may result in refusal of, or immediate discharge from employment regardless of when such omission or falsification is discovered.

Signature of Applicant

Date

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or the presence of a disability.

PLEASE RETURN APPLICATION TO:

<p>Greeley Office 2020 Clubhouse Drive, Ste 230, Greeley, CO 80634 970-352-7404 Office / 970-352-7350 FAX</p>	<p>Fort Morgan Office 820 West Platte Avenue, Fort Morgan, CO 80701 970-867-8297 Office / 970-867-6129 FAX</p>
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Please notify the Centennial BOCES office if you sign a contract with any school district.

APPLICANT INFORMATION SHEET

Thank you for your interest in the Centennial BOCES. The Centennial BOCES employs licensed instructional staff for its Special Education Program. Enclosed are the following application materials:

- (1) Application form
- (2) Application Supplements A through C

In addition you *must* submit the following:

- (3) **Complete** college transcripts (either official or copies)
- (4) Two letters of professional reference
- (5) Copy of Colorado teaching license and copy of vocational credential if applicable *or explanation of status*
Note: For information on Colorado teaching licenses contact Educator Licensing at the Colorado Department of Education, 201 East Colfax Avenue, Denver, CO 80203, (303) 866-6628.

The application form and Supplement B **must** be complete in order to be accepted for processing. If other items (such as transcripts, letters of reference, etc.) are not submitted with the initial application, please indicate the status of the incomplete items.

APPLICANT CHECK LIST

- Completed application form
- Application Supplements B and C (C is optional)
- Complete transcripts (official or copies) – official transcripts are required when you are employed
- Two written professional reference letters
- Copy of Colorado teaching license (or explanation of status)

The completed application and all related correspondence should be sent to:

Greeley Office 2020 Clubhouse Drive, Ste 230, Greeley, CO 80634 970-352-7404 Office / 970-352-7350 FAX	Fort Morgan Office 820 West Platte Avenue, Fort Morgan, CO 80701 970-867-8297 Office / 970-867-6129 FAX
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APPLICANT IS RESPONSIBLE TO MAKE SURE APPLICATION IS COMPLETE

Be sure to notify the CBOCES office of any changes in your name, address, telephone number, employment status, etc. If you have questions regarding the status of your file, please give us a call.

NAME _____

Indicate the level(s) and subject(s) that you are *qualified* (18+ semester hours) or *licensed* for in Colorado.

<i>Examples:</i>	<i>Level Minimum</i> <u>7th</u> <u>5yrs</u>	<i>Level Maximum</i> <u>12th</u> <u>21yrs</u>	<i>Subject</i> <u>Science</u> <u>Special Ed Teacher I/Moderate Needs</u>
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LEVEL MINIMUM	LEVEL MAXIMUM	SUBJECT	LEVEL MINIMUM	LEVEL MAXIMUM	SUBJECT
_____	_____	Agriculture	_____	_____	Spanish
_____	_____	Alternative Education	_____	_____	Speech
_____	_____	Art	_____	_____	Technical Ed/Training
_____	_____	Business Education	_____	_____	Trade/Industrial Ed
_____	_____	Computer Literacy			
_____	_____	Computer Specialist			
_____	_____	Counselor			
_____	_____	Distributive Education			
_____	_____	Drama			
_____	_____	Driver's Education			
_____	_____	Early Childhood Education/ Preschool			
_____	_____	Educational Media Specialist			
_____	_____	Elementary Education			
_____	_____	English/Language Arts			
_____	_____	French			
_____	_____	German			
_____	_____	Gifted and Talented			
_____	_____	Health			
_____	_____	Home Ec/Consumer/ Family Studies			
_____	_____	Industrial Arts			
_____	_____	Journalism			
_____	_____	Linguistically Div/Bilingual			
_____	_____	Linguistically Div/ESL			
_____	_____	Mathematics			
_____	_____	Middle School Education			
_____	_____	Music Education			
_____	_____	Music-Instrumental			
_____	_____	Music-Vocal			
_____	_____	Physical Education			
_____	_____	Reading			
_____	_____	Reading Specialist			
_____	_____	School Library Media			
_____	_____	Science			
_____	_____	Science-Biology			
_____	_____	Science-Chemistry			
_____	_____	Science-Earth Science			
_____	_____	Science-Physical Science			
_____	_____	Science-Physics			
_____	_____	Social Studies			
_____	_____	Social Studies-Economics			
_____	_____	Social Studies-Geography			
_____	_____	Social Studies-History			

Special Education Areas:

- _____ Special Ed Teacher 1/Moderate Needs
- _____ Special Ed Teacher 2/Communicative
- _____ Special Ed Teacher 2/Affective
- _____ Special Ed Teacher 2/Cognitive
- _____ Special Ed Teacher 2/Hearing
- _____ Special Ed Teacher 2/Vision
- _____ Special Ed Teacher 3/Profound Needs
- _____ Special Ed Teacher 4/Early Childhood
- _____ Special Ed
- _____ Adaptive Physical Education
- _____ Audiologist
- _____ Hearing Handicapped
- _____ Occupational Therapist
- _____ Physically Handicapped
- _____ Physical Therapist
- _____ School Social Worker
- _____ School Nurse
- _____ School Psychologist
- _____ Speech Correctionist/Language Specialist
- _____ Speech/Language Pathologist
- _____ Speech Therapist
- _____ Visually Impaired

18+ SEMESTER HOURS

If you have 18 semester hours or more in any subject area outside of your endorsed/qualified teaching area, please list below and indicate the number of semester hours completed.

Subject	Semester Hours
_____	_____
_____	_____
_____	_____

EXTRA DUTY ACTIVITIES: What extra duty activities can you direct or supervise?

- | | | |
|----------------------------------|----------------------------|---------------------------|
| 1 _____ Athletic/Weight Training | 11 _____ Golf | 21 _____ Special Olympics |
| 2 _____ Baseball | 12 _____ Gymnastics | 22 _____ Student Council |
| 3 _____ Basketball | 13 _____ Intramurals | 23 _____ Swimming |
| 4 _____ Cheerleaders | 14 _____ Musicals | 24 _____ Tennis |
| 5 _____ Class Advisor | 15 _____ Newspaper | 25 _____ Theater |
| 6 _____ Clubs | 16 _____ Outdoor Education | 26 _____ Track |
| 7 _____ Cross Country | 17 _____ Photography | 27 _____ Volleyball |
| 8 _____ Dance | 18 _____ Skiing | 28 _____ Wrestling |
| 9 _____ Football | 19 _____ Soccer | 29 _____ Yearbook |
| 10 _____ Forensics | 20 _____ Softball | 30 _____ Other _____ |

TEACHER APPLICANT OPTIONAL INFORMATION

EQUAL OPPORTUNITY EMPLOYER

This information below is *voluntary* on your part, but can assist Centennial BOCES in its equal employment opportunity efforts.

Name _____

Gender:

_____ Female
_____ Male

Ethnicity:

_____ American Native or Alaskan Native
_____ Asian or Pacific Islander
_____ African-American
_____ Hispanic
_____ White

The Centennial BOCES is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, gender or disability in their activities, programs, or employment practices as required by Title VI, Title IX, and Section 504. For information regarding civil rights or grievance procedures, contact the Director of Human Resources in the individual district or the Office of Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 N. Speer Blvd., Suite 310, Denver, CO 80204, (303)844-2991.