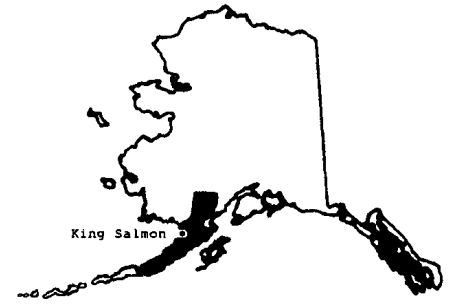




# THE LAKE AND PENINSULA SCHOOL DISTRICT

101 Jensen Drive  
P.O. Box 498  
King Salmon, Alaska 99613  
Phone (907) 246-4280 / Fax (907) 246-4473  
Web Site [www.lpsd.com](http://www.lpsd.com)



## Professional Application for Employment

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: : \_\_\_\_\_  
(City) (State) (Zip Code)

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
(Emergency) (Optional)

Is your spouse also applying for a professional position? Yes  No

If yes, what grade or subject(s) is spouse applying for \_\_\_\_\_

ALASKAN CERTIFICATE NUMBER: \_\_\_\_\_ **Required.**

**The Applicant is responsible for securing certification through the Department of Education and Early Development/Teacher Certification and providing proof of certification to the School District.**

ENDORSEMENTS: \_\_\_\_\_

In which of the following levels are you certified to teach?

Primary: K-1-2-3 ( ) Upper Elementary: 4-5-6 ( ) Jr. High: 7-8-9 ( )  
Sr. High: 10-11-12 ( ) Secondary Specialist ( ) \_\_\_\_\_

List the specific grade (Elementary), the specific subject (Secondary), Administration, Guidance Counselor, Special Education, Librarian, etc., in which you are certified:

\_\_\_\_\_  
\_\_\_\_\_

List any extra-curricular activities which you are willing to coach or sponsor.

\_\_\_\_\_  
\_\_\_\_\_



**TEACHING EXPERIENCE**  
**(In Chronological Order)**

*IMPORTANT: Please list all teaching experience, if additional space is needed, use page 6. Do not list substitute or part-time work in this section – see below.*

INCLUSIVE DATES FROM                      TO Month/Year      Month/Year	SCHOOL and BUSINESS ADDRESS	GRADES and SUBJECTS	PRINCIPAL or SUPERVISOR	TELEPHONE HOME/WORK CONTACT NUMBER

**PART-TIME/SUBSTITUTE EMPLOYMENT**  
**(In Chronological Order)**

INCLUSIVE DATES FROM                      TO Month/Year      Month/Year	PART-TIME or SUBSTITUTE	SCHOOL and BUSINESS ADDRESS	GRADES and SUBJECTS	PRINCIPAL or SUPERVISOR

**EXPERIENCE OTHER THAN TEACHING**  
**(In Chronological Order)**

*IMPORTANT: Please list all non-teaching experience; account for all periods of time including layoffs, etc.*

INCLUSIVE DATES FROM                      TO Month/Year      Month/Year	TYPE Of WORK	CITY	STATE	HOURS PER WEEK	NAME and ADDRESS of EMPLOYER



**REFERENCES**

Print full name and address of each reference. In naming references, if you have had teaching experience, give supervisor, principals, and/or superintendents who are familiar with your classroom work. You MUST include references from your present or latest teaching position. If you have had no teaching experience, give the name of the college instructors with whom you have taken your major subjects. You must include the name of the instructor who supervised your practice teaching course. The judgment of a non-professional person in a reference is usually valuable only from the standpoint of general character. If all of your references are in a placement agency, only give the name and address of that agency. PLEASE HAVE YOUR PLACEMENT PAPERS FORWARDED TO OUR OFFICE. We require a copy of your transcript(s). These normally do not come from a placement service. You are required to send them yourself or request them to be sent from the registrars at your colleges and/or universities.

1. \_\_\_\_\_  
NAME ADDRESS  
\_\_\_\_\_  
CONTACT/TELEPHONE NUMBER POSITION

2. \_\_\_\_\_  
NAME ADDRESS  
\_\_\_\_\_  
CONTACT/TELEPHONE NUMBER POSITION

3. \_\_\_\_\_  
NAME ADDRESS  
\_\_\_\_\_  
CONTACT/TELEPHONE NUMBER POSITION

( ) My placement papers are being sent. Date requested: \_\_\_\_\_  
( ) My transcripts are being sent. Date requested: \_\_\_\_\_  
Comments: \_\_\_\_\_

**AFFIDAVIT**

	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
Are you presently under contract with another school district? If yes, for school year _____	<input type="checkbox"/>		<input type="checkbox"/>	
Are you a citizen of the United States?	<input type="checkbox"/>		<input type="checkbox"/>	
Have you ever been denied a Certificate or had a Certificate revoked?	<input type="checkbox"/>		<input type="checkbox"/>	
Have you been involuntarily released or asked to resign a teaching position?	<input type="checkbox"/>		<input type="checkbox"/>	
Have you even been convicted of a felony?*	<input type="checkbox"/>		<input type="checkbox"/>	

\*If YES, give complete details on next page.

I CERTIFY THAT the statements made by me in this Application are true and correct to the best of my knowledge, and will become a part of my official record.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_