

Application Received_____

Credentials Received_____

Date Interviewed_____

Application Renewed_____

Application For Employment
Certified Positions

MANHATTAN CATHOLIC SCHOOLS
306 South Juliette Avenue
Manhattan, Kansas 66502
785-565-5050

Date_____

PERSONAL DATA

1. _____
NAME ON SOCIAL SECURITY CARD

2. _____
SOCIAL SECURITY NUMBER

TEMPORARY ADDRESS UNTIL_____

PERMANENT ADDRESS

3. Street_____

8. _____

4. City_____

9. _____

5. State_____ 6. Zip_____

10. _____ 11. Zip_____

7. Telephone_____

12. _____

13. Provide name of person best able to locate you when necessary:

NAME

ADDRESS

TELEPHONE

EMPLOYMENT PREFERENCE

1. Type of Application (a) Elementary_____ (b) Secondary_____ C. Both_____

(d) Administrative_____ (e) Other_____

(Specify)

(Specify)

2. Kind of Employment:

(a) Full-time employment_____ (b) Temporary, Part-time_____ © Substitute_____

3. Please list in order of preference the positions for which you are qualified:

1. _____ 2. _____

3. _____ 4. _____

AN EQUAL OPPORTUNITY EMPLOYER

ACADEMIC AND PROFESSIONAL INFORMATION

1. Do you now hold a Kansas Teaching Certificate? _____ Code _____ Expires _____
2. Subjects or areas for which you are qualified and coded to teach.

(a) _____	(d) _____	(g) _____
(b) _____	(e) _____	(h) _____
© _____	(f) _____	(i) _____
3. Does your certificate qualify you to serve in Kansas in the position for which you are applying? _____
4. Are you under contract? YES _____ NO _____ If so, where? _____
5. When will you be available for work? _____
6. If you are an applicant for an elementary position, do you have sufficient ability to teach art in your own classroom? YES _____ NO _____
7. Give condition of health for the past two years. _____
8. During the last twelve months, how many days of work or school have you missed because of illness? _____

School	Name & Location of Institution	Dates	Degree (if applicable)
High School	Under _____		
College	Graduate _____		
OR	_____		
University	Graduate _____		
List college credit _____			
earned since completing _____			
last degree _____			

Major(s) in Undergraduate Work _____ No. of Sem. Hrs. _____

Minor(s) in Undergraduate Work _____ No. of Sem. Hrs. _____

Major(s) in Graduate Work _____ No. of Sem. Hrs. _____

Minor(s) in Graduate Work _____ No. of Sem. Hrs. _____

College or University Placement Office where your confidential papers are on file _____

STUDENT TEACHING EXPERIENCE

(List all areas and cooperating teachers)

NAME OF SCHOOL	ADDRESS	AREA (grade or subjects)	DATES	NAMES OF COOPERATING TEACHERS
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RECORD OF EDUCATIONAL EXPERIENCE

(Begin with most recent employment. A year of teaching is at least seven months of regular full-time teaching. All previous experience must be verified in writing.)

Name of School	Mailing Address (City,State,Zip)	From-To Date	No. of Yrs. OR Months	Grades,Subject Position
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EXTRACURRICULAR ACTIVITIES

1. List student activities and athletics which you are willing and qualified to direct or coach.

OTHER EXPERIENCE

(Begin with most recent employment)

FIRM OR EMPLOYER	ADDRESS	KIND OF WORK	DATES OF Employment	NO.. of Months

REFERENCES

List below at least three or more references (not relatives including administrative and supervisory personnel who have first-hand knowledge of your performance and/or future potential in the area for which you are applying.

Name	Official Position	Address & Phone Number

Mention any additional information which might strengthen your application such as: honors won, articles you have written, and you reason for wishing to teach in this district.

Your application will remain on file for one year. It is your responsibility to update and renew your application after one year if you wish to remain an applicant.

1. Return this application to: Manhattan Catholic Schools
 306 South Juliette Avenue
 Manhattan, KS 66502

2. Have your Teacher Placement Office send all your recommendations and credentials to our office.

Requirements for Employment: If you are offered a contract, you must have an official transcript, credentials, a Kansas teacher's certificate and a current health certificate on file in the district office before you will receive payment under the contract.

I have completed this application to the best of my knowledge and affirm that all information states herein is accurate.

I, the undersigned, hereby give my permission to this school district to make job related inquiry of any and all employers and references listed in this application.

Signature of Applicant

Date