

Kadoka Area School District 35-2

Kadoka Schools
P.O. Box 99
800 Bayberry St.
Kadoka, SD 57543-0099



Phones:
Superintendent # (605) 837-2175
Principal # (605) 837-2172
Business Manager # (605) 837-2175
Network Administrator # (605) 837-2175
Fax # (605) 837-2176

APPLICATION OF:

Name _____ Social Security _____
Present Address _____
Above Address Until _____ Phone (____) _____
Permanent Address _____

Please list another person with telephone number through whom you may be reached, if necessary
_____ Phone (____) _____

FOR POSITION OF:

Administrator _____ Other _____

(Please indicate specific position for which you are applying)

INSTRUCTIONS: The applicant should exercise the greatest care in preparing this form. Information given herein is in the nature of a representation and if incorrect on a material fact will constitute sufficient cause for cancellation of the contract in case of election. Do not omit any item.

EDUCATION:

High School: _____ Date of Graduation _____
Location _____

College Undergraduate: Institution/Location _____
Major _____ Minor _____
Degree _____ Date of Graduation _____

College Undergraduate: Institution/Location _____
Major _____ Minor _____
Degree _____ Date of Graduation _____

College Graduate: Institution/Location _____
Major _____ Minor _____
Degree _____ Date of Graduation _____

College Graduate: Institution/Location _____
Major _____ Minor _____
Degree _____ Date of Graduation _____

Student Teaching:

Dates: _____ Grades/Subjects: _____
School District _____ Address _____

How many teachers in the school system? _____ Describe duties, including extracurricular: _____

WORK EXPERIENCE:

Previous experience (including any non-education experiences which may relate to the position that you are applying for – list in reverse order, starting with the most recent). Provide information for your current and at least three previous positions:

Current Position _____ Dates of Employment _____
Employer _____ Address _____
Supervisor _____ Phone (____) _____
Reason for Leaving _____

Previous Position _____ Dates of Employment _____
Employer _____ Address _____
Supervisor _____ Phone (____) _____
Reason for Leaving _____

Previous Position _____ Dates of Employment _____
Employer _____ Address _____
Supervisor _____ Phone (____) _____
Reason for Leaving _____

Previous Position _____ Dates of Employment _____
Employer _____ Address _____
Supervisor _____ Phone (____) _____
Reason for Leaving _____

REFERENCES:

Please provide at least three professional references:

Name _____ Address _____
Phone (____) _____ Relationship _____
For how long did this person know you? _____

Name _____ Address _____
Phone (____) _____ Relationship _____
For how long did this person know you? _____

Name _____ Address _____
Phone (____) _____ Relationship _____
For how long did this person know you? _____

Have you ever been convicted of a felony? _____ yes _____ no
If so, identify _____

Have you ever been discharged from a position? _____ yes _____ no
(If yes, explain on a separate sheet.)

SOUTH DAKOTA CERTIFICATE INFORMATION:

Do you have a SD Certificate? _____ If not, have you applied? _____

Expiration Date _____ Endorsements _____

(Please give exact numbers from certificate)

Attach a certificate copy.

Please submit transcript copies and arrange to have your college credentials submitted.

I hereby authorize representatives of the Kadoka Area School District to obtain information about me from my current or previous employers. With the knowledge that any false information may be grounds for rejection, or termination of employment, I certify the correctness of the information I have provided within this form. Further, I understand the Kadoka Area School District is Drug Free/Smoke Free/Tobacco Free.

Date _____ Signature _____

The Kadoka Area School District is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Name of Applicant _____

Respond in paragraph form and use additional paper if necessary.

1. Please describe previous experiences that you believe will contribute to your success as an administrator in Kadoka Area School District.

2. What special or unusual talents do you bring to your profession?

3. What are the characteristics of an effective administrator?

4. Describe how you would direct the use technology, alternative teaching strategies and alternative assessment procedures in your position.

5. How would you describe your leadership style?

6. Please describe your plans for professional growth and describe how would you promote the professional growth of teaching and other administrative staff.

