

**Agar-Blunt-Onida School District
PO Box 205
Onida, SD 57464**

Personal Information

Last Name, First Name	Date
Current Address	Phone Number
City/State/Zip	E-Mail Address:
Permanent Address (if different from above)	Professional Web Page Address:

Teaching Endorsements

Please list the position you are applying for.
List all teaching endorsements held in South Dakota.
List all Praxis Exams in which you achieved a passing score for endorsement.
List your total years of teaching experience.

Academic Preparation

Name & Location of School	Dates Attended	Degree	Major	Minor

Student Teaching (if no previous teaching positions have been held)

Name and Location of School	Subject/Grade	Dates	Supervisor	Phone

Employment History

Name and Location of School/Business	Dates Employed (From-To)	Position	Reason for Leaving

Please explain any gaps in employment:

Extra Duties

Please check the extra duties you are interested in coaching/supervising

Basketball One Act Play Spring Play Student Council
Wrestling Football Golf Cheerleading
FCCLA Gymnastics Track & Field Cross Country
FFA Oral Interp Yearbook

Professional References-Minimum of 3

Name/Title	Address/City	Email	Phone

Have you served in the United State Armed Forces? Yes No
 If yes, indicate branch and discharge date:

Personal Information

Have you ever been convicted of a felony or any offense involving moral turpitude (i.e. theft, attempted theft, murder, rape, swindling, or indecency with a minor) or has any court received a plea of guilty or a plea of nolo contendere from you? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any felony, sentenced, received a deferred prosecution, or probation for any charge including any crime relating to child abuse or neglect, or any crime relating to sexual abuse of a minor? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, received a deferred prosecution, probation for any charge including use of a controlled substance (i.e. drugs and alcohol)? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE AND MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE DISTRICT. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: _____

SIGNATURE _____

Disclaimer: Please be advised that all social media sites will be reviewed.