



St. Stephens Indian School Certified Application



INDIAN PREFERENCE POLICY: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 472) Verification Form BIA-4432 Must be submitted with application if claiming Indian Preference. Consideration will be given to Non-Indian applicants (status or reinstate able) in the absence of qualified Indian Preference eligible.

EQUAL OPPORTUNITY EMPLOYER: Within the scope of Indian preference, all candidates will receive consideration without regard to race, color, sex, religion, national origin or other non-merit factors.

Note: Applications, which are submitted will remain active for one year and kept on file for two years.

PERSONAL INFORMATION	Last Name, First, Middle Click here to enter text.		Social Security Number Click here to enter text.	
	Present Address Click here to enter text.		Date Click here to enter text.	
	City/State/Zip Click here to enter text.		Home Phone Click here to enter text.	
	Permanent Address Click here to enter text.		Other Phone Click here to enter text.	
	City/State/Zip Click here to enter text.		Tribe (if applicable) Click here to enter text.	
	When will you be available to begin work? Click here to enter text.			
EMPLOYMENT DESIRED	Position: Click here to enter text.			
	Why Do you think you are qualified for this position? Click here to enter text.			
	Click here to enter text.			
	Click here to enter text.			
	Click here to enter text.			
	Are you employed now? Click here to enter text.		Where? Click here to enter text.	
TEACHING ENDORSEMENT'S	Elementary			
	Middle School <input type="checkbox"/> With Elementary Certification <input type="checkbox"/> With Secondary Certification (Indicate Semester hours Below)			
	Secondary <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> 7-12 Indicate subjects your are endorsed to teach:			
	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.			
	Special Education/Related Services <input type="checkbox"/> K-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> K-12			
	Area(s) of endorsements: Click here to enter text.			
EXTRA DUTIES	Circle the extra duties for which you are certified by the State of Wyoming and/or are willing to sponsor. Circle any sport in which you are certified by the State of Wyoming to server as head coach.			
	<input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Cross-Country <input type="checkbox"/> Track <input type="checkbox"/> Swim <input type="checkbox"/> Speech <input type="checkbox"/> Soccer			
	<input type="checkbox"/> Ski <input type="checkbox"/> Tennis <input type="checkbox"/> Cheerleading			
Other: Click here to enter text.				



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ACADEMIC PREPARATION	Include an trade school, college or university preparation. Express college credits in semester hours. Multiply quarter hours by 2/3 to change to semester hours. Attach an extra sheet if needed.						
	NAME OF SCHOOL & LOCATION	DATE INCLUSIVE	DEGREE	MAJOR	MINOR	# OF SEMESTER HRS MAJOR MINOR	
	Enter Text	YYYY/MO	Enter Text	Enter Text	Enter Text	#HRS	#HRS
	Enter Text	YYYY-MO	Enter Text	Enter Text	Enter Text	#HRS	#HRS
	Enter Text	YYYY-MO	Enter Text	Enter Text	Enter Text	#HRS	#HRS
	Enter Text	YYYY-MO	Enter Text	Enter Text	Enter Text	#HRS	#HRS

STUDENT TEACHING	Name of School & Location	Subject/Grade	# of Years	Principal	Supervisor	Phone #
	Enter Text	Enter Text	Enter Text	Enter Text	Enter Text	Enter Text
	Enter Text	Enter Text	Enter Text	Enter Text	Enter Text	Enter Text

EXPERIENCE	List all work experience of three months or longer. Begin with the most recent position. Attach and extra sheet if needed.			
	NAME OF SCHOOL/BUSINESS & LOCATION	FROM-TO	POSITION	REASON FOR LEAVING
	Click here to enter text.	YYYY-YYYY	Enter text	Click here to enter text.
	Click here to enter text.	YYYY-YYYY	Enter Text	Click here to enter text.
	Click here to enter text.	YYYY-YYYY	Enter Text	Click here to enter text.

REFERENCES	Please list three to five person, who can answer questions concerning your qualifications for the position you seek. Include superintendents, principals and other supervisors under whom you have worked. St. Stephens reserves the right to contact persons not specified by you. Submission of an application to St. Stephens constitutes your permission and consent to contact any person(s) and discuss you qualifications and other pertinent matters.		
	NAME/TITLE	ADDRESS & CITY	PHONE #
	Click here to enter text.	Click here to enter text.	(XXX)XXX-XXXX
	Click here to enter text.	Click here to enter text.	(XXX)XXX-XXXX
	Click here to enter text.	Click here to enter text.	(XXX)XXX-XXXX
	Click here to enter text.	Click here to enter text.	(XXX)XXX-XXXX



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GENERAL INFORMATION	<p>1. Describe any related professional and community activities, which you think would be helpful concerning your knowledge, skills and experience related to the position for which you are applying: Click here to enter text.</p>
	<p>2. List any honors you have received: Click here to enter text.</p>
	<p>3. List any honors you have received as a professional: Click here to enter text.</p>
	<p>4. What skills do you plan to use in the position? Click here to enter text.</p>
	<p>Typing # WPM# Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have an school bus driving experience? Click here to enter text.</p> <p>List any other skills or interests that would help us in finding the proper position(s) for you? Click here to enter text.</p>
AUTHORIZATION	<p>I authorize this school to which this application is submitted to obtain information about any criminal records I may have. I also authorize all government agencies to provide information to the school about any criminal history I may have. I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or other documents submitted to the school will be sufficient cause for this application not to be considered by the school or for dismissal if I have been employed.</p> <p>I authorize any employer for which I have completed an employment application to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application , and to obtain information relevant to evaluation my qualifications and fitness for a position. I authorize the release of any and all information or records maintained by the Wyoming Department of Family Services. I authorize my listed references, past employers and educational institutions, and anyone else, who has information about my work history, education, qualifications or fitness, to provide such information to the school form any liability whatsoever for obtaining and providing that information.</p> <p>Upon occasion, schools are asked by other educational institutions, to provide names of candidates for areas in which they have vacancies.</p> <p>Do you consent to the release of your application information to these other institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

A photocopy of this release shall be as effective as the original.

Signature

Date