



**IRENE-WAKONDA SCHOOL DISTRICT CERTIFIED APPLICATION FORM**

**130 E. STATE STREET \* IRENE, SD 57037**

**PHONE: 605-263-3311 \* FAX: 605-263-3316**

**[www.irene-wakonda.k12.sd.us](http://www.irene-wakonda.k12.sd.us)**

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Date of Application: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Last                      First                      Middle

Address: [Click here to enter text.](#)

Street/Box                      City                      State                      Zip

Phone Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Position Applying for: [Click here to enter text.](#)

**Level of Preference:**

High School

Middle School

Elementary

**Previous Employment (list up to 3) Most recent first:**

1. Name of Employer: [Click here to enter text.](#)  
Name of last Supervisor: [Click here to enter text.](#)  
Dates of Employment (from/to): [Click here to enter text.](#)  
Salary: [Click here to enter text.](#)  
Complete Address: [Click here to enter text.](#)  
Phone Number: [Click here to enter text.](#)  
Last Job Title: [Click here to enter text.](#)  
Reason for leaving (be specific): [Click here to enter text.](#)  
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company/school: [Click here to enter text.](#)
  
2. Name of Employer: [Click here to enter text.](#)  
Name of last Supervisor: [Click here to enter text.](#)  
Dates of Employment (from/to): [Click here to enter text.](#)  
Salary: [Click here to enter text.](#)  
Complete Address: [Click here to enter text.](#)  
Phone Number: [Click here to enter text.](#)  
Last Job Title: [Click here to enter text.](#)  
Reason for leaving (be specific): [Click here to enter text.](#)  
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company/school: [Click here to enter text.](#)
  
3. Name of Employer: [Click here to enter text.](#)  
Name of last Supervisor: [Click here to enter text.](#)  
Dates of Employment (from/to): [Click here to enter text.](#)  
Salary: [Click here to enter text.](#)  
Complete Address: [Click here to enter text.](#)  
Phone Number: [Click here to enter text.](#)  
Last Job Title: [Click here to enter text.](#)  
Reason for leaving (be specific): [Click here to enter text.](#)  
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company/school: [Click here to enter text.](#)

**Other skills that may be pertinent:**

[Click here to enter text.](#)

**Please list 4 references other than relatives:**

<b>Full Name</b>	<b>Position</b>	<b>Mailing Address</b>	<b>Business Phone</b>	<b>Home Phone</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Military: (US)**

<b>Branch</b>	<b>Dates</b>	<b>Reserve Status</b>	<b>Type of Discharge</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Education:**

<b>Type of School</b>	<b>Name of School and Complete Mailing Address</b>	<b>Year Graduated</b>	<b>Major or Degree</b>
<b>High School</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Undergraduate</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Graduate</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Other</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Graduate credits (State Quarter Hours or Semester Hours):**

Number of credits since completion of your last degree: Click here to enter text.

Number of hours that are in your teaching field: Click here to enter text.

**Certification – list area(s) and level(s) of certification listed on your South Dakota Teaching Certificate:**

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.

Certificate Number: Click here to enter text.      Expiration Date: Click here to enter text.

Total years teaching experience: Click here to enter text.

**Data regarding student teacher (Applicants with 2 or more years experience do not need to complete this section):**

School	City, State	Teacher	Grades/Subject	Dates	# Months

College Supervisor for Student Teacher: Click here to enter text.

**Extracurricular activities for which you are qualified and are willing to supervise/coach/assist:**

Activities	Activities	Activities	Activities
<input type="checkbox"/> Football	<input type="checkbox"/> Track/Field	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> One-act Play	<input type="checkbox"/> Chorus
<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball	<input type="checkbox"/> School Play	<input type="checkbox"/> Show Choir
<input type="checkbox"/> Oral Interp	<input type="checkbox"/> Honor Society	<input type="checkbox"/> Yearbook	<input type="checkbox"/> Band
<input type="checkbox"/> Student Council	<input type="checkbox"/> Other		

What can you contribute to the children at the Irene-Wakonda School District?

[Click here to enter text.](#)

Please list special skills and qualifications you possess that you will apply to this job.

[Click here to enter text.](#)

**\*SDCL 3-1-1.1 prohibits a school district or other government entity from hiring anyone who is required to register for Selective Service and has not done so. Males born after December 31, 1959 are required to register for Selective Service.**

Are you required to register: Yes  No  Are you registered? Yes  No

If you are registered, please provide your Selective Service number (call 703-605-4000 if you do not know your number): [Click here to enter text.](#)

Have you ever been convicted of a felony, a crime involving dishonesty, controlled substance, marijuana, or a sex offense? Yes  No

Have you completed a background check in the last year? Yes  No

I certify that the information given on this application and in any other supporting documentation and resume is true and correct. I understand that any false information and/or willful or negligent failure to disclose any requested information will constitute sufficient grounds to terminate my employment without notice.

I authorize my previous employers, schools, and persons named as references to give any information regarding my employment together with information they may have regarding me, whether or not it is in their records. I agree that Irene-Wakonda School District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers, or omissions made by me in this application. I hereby release said employers, schools, or persons from all liability for any damages whatsoever for issuing this information.

I agree to submit to fingerprinting and a criminal background check and understand that provided the Irene-Wakonda School District wishes to hire me; my employment by the Irene-Wakonda School District depends upon the results being acceptable to the Irene-Wakonda School District.

Applicant's Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)