



# Craig City School District

Jack Walsh, Superintendent

P.O. Box 800 Craig, Alaska 99921

www.craigschools.com

Phone (907)826.3274, FAX (907) 826.3322

CCSD is dedicated to providing a meaningful, comprehensive, and engaging education to all students, so they participate responsibly in the global society.

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Alaska Certificate Type \_\_\_\_\_ Expires \_\_\_\_\_ Endorsement(s) \_\_\_\_\_

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*Please attach a copy of your current teaching certificate.*

Have you applied for Alaska Teaching Certificate? \_\_\_Yes\_\_\_ No Date applied \_\_\_\_\_

Have you taken the appropriate Alaska Teaching area examination? \_\_\_Yes\_\_\_ No

Date taken \_\_\_\_\_ Exam area \_\_\_\_\_ Score \_\_\_\_\_

List below at least three (3) professional references (personal friends and relatives should not be used).

Name	Professional Relationship	
Street/P.O.	Telephone Home	Telephone Work
City/State	Zip	

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Employment History: Please account for all employment, including military, beginning with current or most recent employment. Use extra sheet if necessary.

Position	Dates of Employment	Principal/Supervisor's Name		
Principal/Employer Telephone	Salary	School/Employer		
Duties		Street/P.O. Box Address		
Reason for Leaving		City	State	Zip
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Principal/Employer Telephone	Salary	School/Employer		
Duties		Street/P.O. Box Address		
Reason for Leaving		City	State	Zip

Education: Please list most current degree first.

University/College	City/State	Degree earned	Date earned	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of semester hours of graduate work beyond a B.A. or B.S. degree \_\_\_\_\_ Beyond MA or MS \_\_\_\_\_  
*Graduate work is defined as any work given by a college or university acceptable toward requirements for an advanced degree or credential and taken after the date the candidate is eligible for a teaching certificate. (1 quarter hour = 2/3 semester hour)*

Student Teaching: Please list information about your student teaching experience.

School District	City/State	Supervising Teacher	Grade/Subject Area
_____	_____	_____	_____

Describe any specialized training, certificates, and/or skills that you have. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Data:

Are you presently under contract with another school district? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been denied a certificate or had a certificate revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain.  
\_\_\_\_\_

Have you ever been involuntarily released or asked to resign a teaching position? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain. \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, district \_\_\_\_\_

Are you currently tenured in another school district in Alaska? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide the school district with recent evaluations of teaching. You should make arrangements to have your evaluations immediately forwarded to our district's personnel office.

Total certified year(s) teaching experience under contract. \_\_\_\_\_ year(s)

Have you ever been convicted of or pled guilty or nolo contendere of any law or ordinance other than a minor traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state in full detail. Failure to answer correctly will be cause to be barred from employment or dismissed at a later date. \_\_\_\_\_  
\_\_\_\_\_

Professional Philosophy: Please answer the following questions.

1. Please describe your teaching style.
2. What are the three reasons you became a teacher?
3. What personal attributes do you have that make you the best candidate for this teaching position?
4. Please tell us of any additional information that you wish our screening committee to know about you.

My signature below indicates that I have completed this application for employment accurately and completely. I understand that misrepresentation of factual information is cause for dismissal should Craig City Schools employ me. It is my understanding that as part of the Craig City School District's procedures for processing my application, a background report may be made which allows access to confidential and proprietary information and systems. By my signature, I authorize Craig City School District to ask for and obtain from each former or present employer, person, firm, or corporation given as reference any and all information sought in connection with this application. I also authorize any former employer, person, firm, or corporation from whom such information is requested to supply Craig City School District with information concerning me, my work habits, character, skill, and actions in any transaction.

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Applicant's Signature

Date

Craig City School District is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religious creed, gender, national origin, ancestry, physical handicap, medical condition, or age in its employment practices.