## **Loogootee School Corporation**

201 Brooks Avenue Loogootee, IN 47553 Phone: (812) 295-2595



### **Certified Employment Application**

Applicant Information												
Full Name:									Date:			
Address:	Last			Firs	t		M.	I.				
Addiess.	Street Address						Ад	partment/	Unit #			
	City						St	ate	ZIP	<sup>o</sup> Code		
Phone:	( )				E-n	nail Address:						
Date Availab	ole:											
Position App	lied for:											
Are you a citizen of the United States?			YES	NO	YES NO If no, are you authorized to work in the U.S.?							
Have vou ev	er worked	er worked for LCSC?		YES	NO	If yes, what posi	ition					
Have you ever been charged or convicted of a felony?				YES	NO							
If yes, explai		ou will be requ	ired to pr	ovide a		inal history chec	ck as a con	dition o	of employ	yment		
					Edu	ucation						
College:				Ad	ddress	:						
From:		То:	Degr	ee:								
Licenses:	enses: Subject:											
Expiration	Date: Grades covered:				Nur	Number:						
Licenses:	Subject:											
Expiration	Date: Grades covered:			Number:								
					Refe	erences						
Please list t	hree profe	essional and/o	r personal	refere	nces.							
Full Name:						Relationship:						
Email:							Phone:	(	)			
Address:												
Full Name:						Relationship:						
Email:							Phone:	(	)			
Address:												
Full Name:						Relationship:						
Email:							Phone:	(	)			
Address:												

# **Loogootee Community School Corporation**

Student Teaching Experience								
School Corporation:		Phone:	(	)				
Address:		Supervising Teacher:						
Course(s) Taught:		Building Principal:						
Responsibilities:								
From:	То:							

#### **Additional Information**

Please provide any additional employment, training, or autobiographical information that will assist us in arriving at an estimate of your qualifications.

## **Loogootee Community School Corporation**

Previous Employment								
Employer:					Phone:	(	)	
Address:					Supervisor:			
Job Title:		Starting Salary:	\$			Endin	g Salary:	\$
Responsibilities:								
From:	То:	Reason for Leaving:						
May we contact your pre	evious supervisor for a	reference?		NO				
Employer:					Phone:	(	)	
Address:					Supervisor:			
Job Title:		Starting Salary:	\$			Endin	g Salary:	\$
Responsibilities:								
From:	То:	Reason for Leaving:						
May we contact your pre	evious supervisor for a	reference?		NO				
Employer:					Phone:	(	)	
Address:					Supervisor:			
Job Title:		Starting Salary:	\$			Endin	g Salary:	\$
Responsibilities:								
From:	То:	Reason for Leaving:						
May we contact your pre	evious supervisor for a	YES reference?		NO				
		Additional Job	Skill	s				
What specific skills or ex which would qualify you		e						
Describe your decision making process:								
Describe your classroom/teaching style:								
		Disclaimer and Si	unai	IIKO				
Disclaimer and Signature  I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview maybe grounds for rejection or dismissal.								

Email to: bmathies@loogootee.k12.in.us or mail to: LSCS, 201 Brooks Ave, Loogootee, IN 47553

Loogootee Community School Corporation does not discriminate on the basis of religion, race, color, national origin, sex, disability, age, marital status, genetic information, or any other legally protected characteristic, in its programs and activities, including employment opportunities.

Signature: