



McLaughlin School District 15-2

P.O. Box 880 • McLaughlin, SD 57642

Instill a passion for learning in ourselves, our children, and our community

CERTIFIED – Employment Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Social Security Number or Government ID: _____

Position You Are Applying For: _____

Are you a citizen of the United States? Yes No If No, are you authorized to work in the U.S.? Yes No
If Yes, when can you start in the U.S.?

Have you ever worked for McLaughlin? Yes No

Have you even been convicted of a felony? Yes No If Yes, please explain _____

Education

Please list formal education beginning with the most recent. Include High School, College, Vocational, and other training. If you need more space for Education Listings, please fill in and print out more copies of this section.

School: _____

School Address: _____

From _____ To: _____

Degree: Yes No Date Granted: _____

School: _____

School Address: _____

From _____ To: _____

Degree: Yes No Date Granted: _____

School: _____

School Address: _____

From _____ To: _____

Degree: Yes No Date Granted: _____

Education (Continued)

Other Educational Information: _____

Course/Activity Certifications:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Teaching and Administrative Experience

Please list your most recent experience first. If you need more space for experience listings, please fill in and print out more copies of this section.

Total Lifetime Teaching and Administrative Experience: _____

Name & Location of School: _____

Dates of Job: _____

Job Title: _____

Superintendent/Principal: _____

Name & Location of School: _____

Dates of Job: _____

Job Title: _____

Superintendent/Principal: _____

Name & Location of School: _____

Dates of Job: _____

Job Title: _____

Superintendent/Principal: _____

Non-School Related Work Experience

(Please go in order of your most recent jobs)

Employer's Name/Address: _____

Type of Work: _____

List Years: _____

Supervisor: _____

Employer's Name/Address: _____

Type of Work: _____

List Years: _____

Supervisor: _____

Employer's Name/Address: _____

Type of Work: _____

List Years: _____

Supervisor: _____

References

Please list three professional references, qualified to answer questions concerning your qualifications for employment.

1. Full Name: _____

Relationship _____

Company: _____

Phone: _____

Company Address: _____

2. Full Name: _____

Relationship _____

Company: _____

Phone: _____

Company Address: _____

3. Full Name: _____

Relationship _____

Company: _____

Phone: _____

Company Address: _____

Certification Information

PRAXIS INFORMATION

1. Existing Educators in South Dakota – Please submit a copy of your current South Dakota Teaching Certificate. Please also submit copies of your Praxis II test scores, if applicable.
2. New Graduates from SD Colleges and Universities – Please submit verification that you have passed a valid Praxis II Content Test or you may submit a copy of an official registration form from Educational Testing Services (ETS) showing that you are registered to take the needed Praxis II Content Exam in your major area. South Dakota can issue a one-year certificate without the Praxis Completion, but the renewal of a one-year certificate will be contingent upon the successful completion of the correct Praxis II Exam. Please also submit a letter from your college/university certification official verifying proof of degree earned, and a copy of your current South Dakota teaching certificate, if applicable.
3. New Graduates and/or New Applicants from Out-of-State Colleges and Universities – Please submit verification that you have passed a valid Praxis II Content Test or you may submit a copy of an official registration form from Educational Testing Services (ETS) showing that you are registered to take the needed Praxis II Content Exam in your major area. South Dakota can issue a one-year certificate without the Praxis completion, but the renewal of a one-year certificate will be contingent upon the successful completion of the correct Praxis II Exam. Please also submit a letter from your college/university certification official verifying proof of degree earned, and a copy of your current out-of-state teaching certificate, if applicable.

Do you hold a valid South Dakota Teaching Certificate: Yes No

If No, have you applied for a South Dakota Teaching Certificate: Yes No Application Date _____

Questions regarding certification can be directed to: Office of Accreditation and Teacher Quality
700 Governors Drive, Pierre, SD 57501
(605) 773-3553
E-Mail: certification@state.sd.us

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein the educational institutions, employers, listed above to give you any and all information concerning my previous employment and any pertinent information that may result from utilization of such information. I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative..

I have read the above and understand: YES NO

Signature: _____

Date _____