

TEACHER APPLICATION

SPRINGS VALLEY COMMUNITY SCHOOLS
498 S. LARRY BIRD BLVD.
FRENCH LICK, INDIANA 47432

PHONE: 812-936-4474

FAX: 812-936-9392

DATE _____

PHONE _____

1. NAME IN FULL _____

2. PRESENT ADDRESS _____

3. PERMANENT ADDRESS _____

4. FOR WHAT POSITION (grades or subjects) DO YOU WISH TO APPLY?

5. EXPLAIN ANY PHYSICAL, MENTAL, VISION, HEARING, OR NERVOUS CONDITION THAT MIGHT AFFECT YOUR EMPLOYMENT

6. PLEASE GIVE IN DETAIL YOUR EDUCATIONAL AND PROFESSIONAL TRAINING

School or Institution- Name and Location	Degree or Diploma	When	Total Years Attended
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High School _____

College _____

Graduate Work _____

7. GIVE COMPLETE INFORMATION REGARDING YOUR TEACHING EXPERIENCE

Name and Location of School	Grades or H.S. Subjects	Date	No. of Years
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8. UNDERSCORE ANY OF THE FOLLOWING WHICH YOU ARE ABLE TO DIRECT OR COACH SUCCESSFULLY:

Debate, School Plays, Oratorical Contests, Orchestra, Band, Clubs, Football, Track, Basketball, Baseball, Softball, Golf, Volleyball, Cheerleader, Cross Country, Tennis, Musicals (add any others).

9. DO YOU HOLD AN INDIANA LICENSE? _____

10. GIVE TITLE AND GRADES OR SUBJECTS IT COVERS _____
_____ Expires _____

11. WHEN COULD YOU BEGIN WORK? _____

12. ARE YOU UNDER CONTRACT FOR NEXT YEAR? _____

13. REFERENCES: Give at least three references, including superintendents and principals under whom you have taught.

	NAME	ADDRESS	OFFICIAL POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

14. HAS YOUR TEACHING CONTRACT EVER FAILED TO BE RENEWED? ___Yes ___No

If yes, When _____ Reason _____

15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___Yes ___No

If yes, explain _____

16. ADDITIONAL INFORMATION YOU MAY WISH TO SUBMIT. (Attach additional sheet, if necessary)