ADMINISTRATIVE/TECHNICAL EMPLOYMENT APPLICATION

Rapid City Area School District 51-4 Western Dakota Technical Institute

Office of Human Resources 300 Sixth Street, Rapid City, SD 57701-2724

Telephone (605) 394-4014 ~ Fax (605) 394-4011 Website www.rcas.org ~ E-mail rapidcityhumanresources@k12.sd.us

						Date	
Position I	DECIDED						
PUSITION I	DESIKED					1 A1 1	
					Jo	ob Number	
Personal Data							
Mr.	Ms.	Mrs.	Dr.		Social Security (o	ptional)	
Name	(Last)			(First)	(Middle Initial)	(Maiden)	
Address	(Street)				(City, State, Zip Code)		
Phone	(Home)			(Cell)	(Messa	ge)	
E-mail Address							
Referral Source		Newspaper (specify)			Personal Referral		
		Postin	g Board	District Website	Other (specify)	· · · · · · · · · · · · · · · · · · ·	
REQUIRED	DOCUMEN	TS FOR AP	PLICATION				

IMPORTANT: <u>Before final consideration for employment can be made</u>, the candidate must have on file in the Office of Human Resources, a completed application, question summary if included with the posting, proof of certification, a complete set of transcripts (official transcripts upon hire), three letters of recommendation and/or a credential/placement file dated within the last three years. In addition to the above, an assessment may be required for <u>administrative</u> positions. Please contact the Office of Human Resources at the e-mail address above for assessment information. If you are not able to contact via e-mail, please call the Office of Human Resources at the number provided.

Western Dakota Tech: <u>Before consideration for employment can be made</u>, a completed application, resume', transcripts, and three letters of recommendation dated within the last three years and/or a credential/placement file must be on file at the end of the position close date. Please link to WDT at www.wdt.edu for any additional employment qualifications specific to the position for which you are applying.

It is the applicant's responsibility to see that all of the above requirements are provided.

All applicants must qualify for South Dakota Certification/License prior to employment. For certification inquiries, please contact:

Department of Education

700 Governor's Drive Pierre, SD 57501-2291 (605) 773-3426

http://doe.sd.gov/oatq/teachercert/index.asp

APPLICATIONS ARE KEPT ON FILE UNTIL POSITION IS FILLED.

Rapid City Area School District 51-4 is an equal opportunity employer and does not discriminate because of race, color, ethnic background, national origin, pregnancy, student marital status, religion, creed, age, sex, citizenship, political affiliation, mental and/or physical challenge, disability, sexual orientation, or status as a veteran.

Rapid City Area School District 51-4, as a government contractor, has pledged to take Affirmative Action to employ and advance employees.

2. Have you ever been employed by the Rapid City Area School District 51-4? If yes, when? Position Title: Supervisor: Building:	lo lo						
 2. Have you ever been employed by the Rapid City Area School District 51-4? If yes, when? Position Title: Supervisor: Building: 3. Are you under contract to another school district or educational institution? Yes Note: Yes Note: If yes, where? 	lo						
Supervisor: Building: 3. Are you under contract to another school district or educational institution? If yes, where?	lo						
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Are you under contract to another school district or educational institution? Yes If yes, where?	lo						
If yes, where?	lo						
Why do you wish to leave your present position?							
When would you be available for employment with Rapid City Area School District 51-4?							
 Have you ever been dismissed from a position, non-renewed, or asked to resign? If yes, please provide details. 	lo						
5. Have you ever faced disciplinary action against a certificate/license? Yes If yes, please provide details.	lo						
PROFESSIONAL PREPARATION ("See resume" is not sufficient.)							
Name of School Location (City and State) Year Degree Major							
Undergraduate							
Hadrana da da							
Undergraduate							
Graduate	—						
Graduate Graduate							
Administrative applicants only: Level of computer experience Minimal Proficient Advanced Approximate date of last computer coursework:							
CERTIFICATION/LICENSURE							
Do you currently hold a South Dakota administrator certificate? Yes No							
Certificate Number Expiration Date Certifications							
Constitution Date Continuations							
If you do not currently hold a South Dakota Administrator Certificate, have you applied? Yes No	_						

(Last Name, First Name)

ADMINISTRATIVE EXPERIENCE (Please begin w	ith your most rece	ent experience.)				
Institution/School	•		Position			
		T=	.			
Location (City and State)		Enrollment	Salary	_	Date From	es To
Annual Budget Responsibility	Number of Staff Supe	rvised		1 10111	10	
Institution/School			Position			
Location (City and State)	Enrollment	Salary		Date From	es To	
Annual Budget Responsibility		Number of Staff Supe	rvised			
Institution/School			Position			
Location (City and State)		Enrollment	Salary			
Annual Budget Responsibility		Number of Staff Supe	ervised		From	То
EMPLOYMENT HISTORY (If more space is needed	d places submit	an a congrate cheet of n	anor l			
Present or Last Employer	u, piease subitiit (эн а ѕерагате ѕпеет ог р	aper.)	Dates (Mo	onth and Year)	Total No.
1 resent of East Employer				From	To	Years
Location (City and State)		Phone				
Job Title	Job Title Supervisor			Supervisor'	's Title	
Duties						
Reason for Leaving						
Second Previous Employer				Dates (Mo	onth and Year) To	Total No. Years
Location (City and State)		Phone		110111	10	rears
Job Title	Supervisor			Supervisor'	s Title	
Duties						
December Leaving						
Reason for Leaving						
Third Previous Employer				Dates (Mo	onth and Year) To	Total No. Years
Location (City and State)		Phone		FIOIII	10	rears
Job Title	Supervisor			Supervisor'	s Title	
Duties						
Reason for Leaving						
Fourth Previous Employer					onth and Year)	Total No.
Location (City and State)		Phone		From	То	Years
Job Title	Supervisor			Supervisor'	s Title	
Duties						
Reason for Leaving						

(Last	Name.	First	Name)

REFERENCES (Four professional references must be provided before the	annlication process can be considered	ed complete)			
Name	apphoanon process sain se sensiaere	Years Known			
Position	Work Phone (Area Code)	Home Phone (Area Code)			
Work Place	Location (City and State)				
Name		Years Known			
Position	Work Phone (Area Code)	Home Phone (Area Code)			
Work Place	Location (City and State)				
Name		Years Known			
Position	Work Phone (Area Code)	Home Phone (Area Code)			
Work Place	Location (City and State)				
Name		Years Known			
Position	Work Phone (Area Code)	Home Phone (Area Code)			
Work Place	Location (City and State)				
CONVICTION REPORT					
following information is needed from all applicants regarding convictions. Failure to complete this form accurately and completely will result in disqualification from consideration for employment. Such action may also be cause for consideration of dismissal if employed, and may result in prosecution for filing false information with a public agency. Applicants and employees must report any convictions that occur subsequent to the time they initially completed this form Please read carefully, and answer every question. Have you ever been convicted of a felony or misdemeanor, including any traffic violations and/or suspended imposition(s) of sentence(s)? If "Yes," provide date(s): Offense(s):					
If more space is needed, please submit on a separate sheet of paper.					
APPLICANT'S CERTIFICATE AND RELEASE	hat the information was a start	an this application is tour			
Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of Rapid City Area School District 51-4. I authorize the Rapid City Area School District 51-4 to make reference checks and past employment inquiries prior to employment, and I will execute such documents as are needed to facilitate this investigation. Before employment can be finalized, I must pass a background investigation and health examination. All necessary certification/license and official transcripts must be provided. The Governing Board must officially					
approve my employment. I understand that misrepresent dismissal.	ation or omission of pertind	ent racts may be cause for			
(Applicant Signature)	(Date)				