

APPLICATION FOR TEACHING EMPLOYMENT

An Equal Opportunity Employer

MAILING: PO Box 966, Bayfield, CO 81122

CAMPUS: 6699 CR 521, Bayfield, CO 81122

PROPERTY: 743 CR 510, Durango, CO 81303
970-500-5657



Applicant Information

Date of Application: _____

Silver SPRUCE Academy does not discriminate on the basis of race, color, national origin, sex, age or handicap. **All sections must be completed.** Use additional "paper" if needed. Please use **BLACK** ink.

Name: _____
Last First Middle

Address: _____
Street (and PO Box) City State Zip

Home phone () _____ Cell phone () _____

Email: _____ Social Security number - -

I am applying for the following positions(s): _____

Please indicate all grade levels you are qualified to teach. Proof of or ability to gain Colorado Licensure will be required prior to employment for teaching positions.

___ Elementary (K-3) ___ Intermediate (4-6) ___ Junior High (7-8) ___ High School

Other _____

Are you a citizen of the United States? ___ Yes ___ No

NOTE: All employees are required to provide verification of employment eligibility in accordance with Title 8, U.S. Code, Section 1324A.

Licensure: Please list all licensures currently held.

Type _____ State _____ Endorsement(s) _____ Expires _____

Type _____ State _____ Endorsement(s) _____ Expires _____

Attach a copy of your PRAXIS/PLACE Assessment.

Extra Curricular

Can you speak a foreign language fluently? ___ No ___ Yes, specify language(s) _____

Have you coached? ___ No ___ Yes, specify sport(s) _____

Experience: Years as Coach _____ Level High School ___ Junior High ___ College ___

Have you sponsored a club or class? ___ No ___ Yes, specify _____

Education

Name of School(s) (both high school and college)	City	State	Dates Attended	Degree	Date Graduated	Major
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

List number of credits earned since last conferred degree (eg. B+10, MA+10, etc): _____

What are your plans for further professional preparation? _____

Of which professional teacher organizations are you a member? _____

Teaching or Education Experience

School	City	State	Assignment	Year	Supervisor Address/Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

References

Name	Address	City	State	Zip	Phone Contact #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional Information

Add any additional information which you believe will assist in a true estimate of your qualifications:
