



# APPLICATION FOR CERTIFICATED POSITION

Date of Application: \_\_\_\_\_

|   |  |
|---|--|
| Position for which you are applying:        |  |
| Colorado Certificate/Licensure Endorsement: |  |
| Certificate/Licensure Expiration Date:      |  |
| When would you be able to begin work?       |  |

## PERSONAL DATA:

|  |        |       |        |
|--|--------|-------|--------|
| Name:  | Last   | First | Middle |
| Email Address:                                   |        |       |        |
| Present Address:                                 | Street | Apt.: |        |
| City:  | State: | Zip:  |        |
| Telephone #:                                     | Home   | Work  |        |
| Summer Telephone #<br>(if different from above): |        |       |        |

## IN EMERGENCY NOTIFY:

|               |  |
|---------------|--|
| Name:         |  |
| Telephone:    |  |
| Address:      |  |
| Relationship: |  |

Return completed application to:

Pikes Peak BOCES  
4825 Lorna Place  
Colorado Springs, CO 80915  
(719) 570-7474 Fax: (719) 380-9685

**EQUAL OPPORTUNITY EMPLOYER**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Please provide the following:

1. Up-to-date transcripts for all colleges attended (official upon employment)
2. Current set of credentials or complete resume
3. Three current letters of reference
4. Copy of Colorado Certificate/Licensure
5. Personal interviews of candidates being considered for the position are a prerequisite to employment

**EDUCATION AND PROFESSIONAL PREPARATION:**

| College/University | State | Major | Minor | Degree | Conferred |
|--------------------|-------|-------|-------|--------|-----------|
|                    |       |       |       |        |           |
|                    |       |       |       |        |           |
|                    |       |       |       |        |           |
|                    |       |       |       |        |           |
|                    |       |       |       |        |           |
|                    |       |       |       |        |           |

**Additional training or preparation you have had (workshops, inservice, etc.) that improved your present qualifications:**

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**STUDENT TEACHING, INTERNSHIP OF PRACTICUM EXPERIENCE (ONLY)**

| School (s) | Address | Subject, Grades |
|------------|---------|-----------------|
|            |         |                 |
|            |         |                 |
|            |         |                 |
|            |         |                 |

**TEACHING EXPERIENCE (UNDER CONTRACT)**

| No. Yrs. | Dates | School and Address | Subject, Grades |
|----------|-------|--------------------|-----------------|
|          |       |                    |                 |
|          |       |                    |                 |
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|          |       |                    |                 |

**NON-TEACHING EXPERIENCE (COMMUNITY WORK, VOLUNTEER, ETC.)**

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**APPLICATION QUESTIONS:**

1. Why would you like to work for the Pikes Peak BOCES?

2. Briefly describe your teaching or working style.

3. What do you feel are your strengths?

**REFERENCES** (These must be in reference to your professional experience or training)

| Name | Address | Position | Phone # |
|------|---------|----------|---------|
|      |         |          |         |
|      |         |          |         |
|      |         |          |         |

If considered for a position, PPBOCES retains the right to contact all references.

This application is valid for **ONE YEAR!**



To facilitate compliance with the Department of Health, Education and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. This information is to be used only for statistical reporting purposes, and IS OPTIONAL.

|  |                      |                     |            |
|--|----------------------|---------------------|------------|
| <b>Name:</b>   |                      |                     |            |
| <b>Sex:</b>  | Male ____            | Female ____         |            |
| <b>What is your ethnic background?</b>                       |                      |                     |            |
| Hispanic ____  | Black ____           | Native Alaskan ____ | White ____ |
| Asian/Pacific Islander ____                                  | American Indian ____ | Other ____          |            |
| <b>Are you an individual with disability? Yes____ No____</b> |                      |                     |            |
| <b>If yes, in what way?</b>                                  |                      |                     |            |