



TEACHER APPLICATION

Business Office, 1150 Village Ridge Point, Monument, CO 80132
Phone: 719-481-1950 ext. 1252; Fax: 719-481-1948
email: sbuzzell@monumentacademy.net , website: www.monumentacademy.net
Please complete all sections even if attaching a resume.

Date: _____ Email Address: _____

Name: _____
Last First M.I.

Address: _____
Street City State Zip Code

Telephone: _____
Home Work Cell

Do you hold a current Colorado Certificate/license? Yes _____ No _____
If yes, what type? _____ Expiration Date: _____
Please list the level and area of endorsement (Major/Minor) on this certificate/license. _____

Do you hold a certificate in another state? Yes _____ No _____ State: _____
If yes, what type? _____ Expiration Date: _____
Please list the level and area of endorsement (Major/Minor) on this certificate/license. _____

Have you taken and passed the Colorado PLACE test? Yes _____ No _____ Date: _____

Have you taken and passed the PRAXIS test? Yes _____ No _____ Date: _____

TEACHING PREFERENCES

Please choose the appropriate grade level or specialty that you are applying for. You may fill out more than one section if you are applying for more than one position.

Please choose your program and teaching preference:

- ES grades K-5 Circle One: K 1 2 3 4 5
- MS grades 6-8

If you are applying for specialty teaching position(s), please list the ones for which you are applying here.
(e.g., Music, P.E., Art, Spanish, etc.)

List your secondary (6-8) subject area preference(s) here.

EDUCATION *Please attach a copy of your diploma(s) and a copy of your transcripts.*

List all undergraduate and graduate coursework earned toward a degree. List the highest degree you have earned first.

COLLEGE or UNIVERSITY	STATE	MAJOR / MINOR	DEGREE	COMPLETED? YES/NO

Number of hours completed in field of major: Undergraduate _____ Graduate _____

Area of Specialization or Endorsement: _____

ADDITIONAL COURSEWORK

List all undergraduate and graduate coursework accomplished since receiving degree(s).

COLLEGE or UNIVERSITY	STATE	COURSE NAME	CREDIT HOURS	COMPLETED? YES/NO

SPECIAL TRAINING

Please list any special skills, preparation, training or areas of expertise. Please list any professional development leadership or other training that may pertain to administrators (please attach an additional sheet if necessary):

Type of training	College/University or Organization Providing Training	Year completed training

WORK EXPERIENCE (Overview)

Please list your work experience in chronological order with your most recent job first. After you have completed this section please continue below to the detailed work experience section and describe each position you have had in more detail.

Name of Organization/School	Position Held	Years At Position

WORK EXPERIENCE

Please list your most recent experience first.

Dates of employment: _____ to _____ # of years: _____	
Position Held	Organization/School
Address (City, State, Zip Code)	Business Phone Number
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number(s) – please include cell phone number if known	
Reason for Leaving	
Responsibilities:	

WORK EXPERIENCE

Dates of employment: _____ to _____ # of years: _____	
Position Held	Organization/School
Address (City, State, Zip Code)	Business Phone Number
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number(s) – please include cell phone number if known	
Reason for Leaving	
Responsibilities:	

WORK EXPERIENCE

Dates of employment: _____ to _____ # of years: _____	
Position Held	Organization/School
Address (City, State, Zip Code)	Business Phone Number
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number(s) – please include cell phone number if known	
Reason for Leaving	
Responsibilities:	

WORK EXPERIENCE

Dates of employment: _____ to _____ # of years: _____	
Position Held	Organization/School
Address (City, State, Zip Code)	Business Phone Number
Supervisor's Name	Supervisor's Title
Supervisor's Phone Number(s) – please include cell phone number if known	
Reason for Leaving	
Responsibilities:	

PROFESSIONAL REFERENCES

Please provide four professional references. List the names of the persons you have asked for a written recommendation. Supervisors are preferred.

Names of Professional References	Title	Contact Phone & Addresses
1 _____		
2 _____		
3 _____		
4 _____		

Please attach the following to this application:

- Current Resume**
- Philosophy of Education**
- Letters of Recommendation**
- Copies of Licenses**
- Copies of PLACE or PRAXIS test**
- Copies of Transcripts**

Please send all information to:

**HR Director
Monument Academy
1150 Village Ridge Point
Monument, CO 80132**

You may also fax or email the application to:

**719-481-1948 (fax)
sbuzzell@monumentacademy.net (email)**

BACKGROUND REPORT

Due to the responsibility Monument Academy has to its school children and community, the following information is needed from all applicants and employees regarding convictions. A record of conviction does not necessarily prohibit employment. Failure to complete this form accurately and completely may mean disqualification from consideration for employment, may 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. Questions regarding this information should be directed to the Human Resources Director. **Please read carefully and answer every question. Circle your responses. If you answer YES to any of the questions below, please explain in detail on a separate sheet of paper, referring by number to the appropriate question. Please type or print clearly.**

- | | | |
|---|-----|----|
| 1. Have you ever been convicted* of a felony? | YES | NO |
| 2. Have you ever been convicted of a misdemeanor; other than minor traffic violations?
(A DUI conviction is not considered a minor traffic offense.) | YES | NO |
| 3. Have you ever been convicted of a sex or drug-related offense? | YES | NO |
| 4. Has any court ever received a plea of guilty or a plea of nolo contendere from you for any offense or has any court deferred further proceedings without entering a finding of guilty? | YES | NO |
| 5. Have you ever been placed on probation? | YES | NO |
| 6. Have you ever been convicted of, pled nolo contendere to, or received a deferred sentence for a crime involving unlawful behavior involving a child? | YES | NO |
| 7. Have you ever been dismissed or have you resigned from a position as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior? | YES | NO |
| 8. Have you ever had any professional licenses (<i>including teaching certificates/licenses</i>) suspended, annulled or revoked <i>in any state or country?</i> | YES | NO |
| 9. Have you ever been dishonorably discharged from the military? | YES | NO |
| 10. Have you ever been involuntarily terminated from any employment or asked to resign from employment? | YES | NO |
| 11. Have you ever been non-renewed or refused a continuing contract? | YES | NO |

* **CONVICTION** means the final judgment on a verdict or a finding of guilty, a plea of guilty, or a plea of nolo contendere in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment, which has been expunged by pardon, reversed, set aside or otherwise rendered invalid.

APPLICANT SIGNATURE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I agree to have any of the information checked by Monument Academy (MA). I authorize the references listed, as well as any other individuals whom MA contacts (including my current employer, former employers, and any government or law enforcement agency), to provide Monument Academy, any and all information concerning my previous or current employment. I understand that if I limit MA’s right to contact persons/organizations deemed necessary by MA, the application may not be considered further. Also, I release all parties and persons from any and all liability for any damages that may result as a consequence of furnishing such information to the District or any of its agents, employees or representatives for purposes related to this application or my employment. I also understand that related skills testing and *testing* for the presence of drugs and alcohol in my body may be required prior to employment. I agree that with or without an accommodation, I must be able to perform the “essential functions” of the position. If an accommodation is required, I must make that request prior to my employment start date. I understand that **ANY** misrepresentation, falsification or material omission of information during the interview or on this application, may result in my failure to receive an offer of employment, **OR, IF I AM HIRED, MAY RESULT IN MY EMPLOYMENT BEING TERMINATED BY MA.** *I understand that any results of the Colorado Bureau of Investigation/Federal Bureau of Investigation background checks which might deny me employment will be forwarded to the Colorado Department of Education.* I understand applications are kept on file for a period of one year *and will remain the property of Monument Academy.*

Signature

Date

Name (please print)

Notice of Nondiscrimination

Monument Academy does not discriminate on the basis of age, race, religion, national origin, disability, gender, or any other protected status in its educational programs and activities (including employment and application for employment).