



# CERTIFIED EMPLOYEE APPLICATION FORM

1. Name: \_\_\_\_\_
2. Present Address: \_\_\_\_\_
3. Permanent Address: \_\_\_\_\_
4. Present Position: \_\_\_\_\_
5. Are you an American Citizen?  Yes  No      Social Security Number: \_\_\_\_\_
6. Have you ever been non-renewed or dismissed?  Yes  No      Where? \_\_\_\_\_
7. If so, state reasons: \_\_\_\_\_
8. Have you ever been convicted of a felony?  Yes  No      If yes, explain: \_\_\_\_\_
9. Grades or subjects desired in order of preference:  
a. \_\_\_\_\_      b. \_\_\_\_\_      c. \_\_\_\_\_
10. List the areas you are currently licensed to teach in North Dakota:  
a. \_\_\_\_\_      b. \_\_\_\_\_      c. \_\_\_\_\_
11. Activities you are qualified and willing to handle, in order of preference:  
a. \_\_\_\_\_      b. \_\_\_\_\_      c. \_\_\_\_\_
12. List organizations in which you hold membership: \_\_\_\_\_
13. In what community activities have you been active? \_\_\_\_\_
14. Hobbies or special interests: \_\_\_\_\_

### **Nondiscrimination Policy**

You Are Hereby Notified that the Dickinson Public School District No. 1 does not discriminate on the basis of sex in the educational programs or activities which it operates, and that it is required by Title IX and part 86 of the Department of Health, Education and Welfare regulations not to discriminate in such a manner. This requirement not to discriminate extends to educational programs and activities, as well as to employment herein. You Are Further Notified that the Dickinson Public School District No. 1 does not discriminate in services or employment practices on a basis of handicap, in accordance with North Dakota Century Code 15-59-04, 48-02-19, or PL 94-142, Section 504 of the Vocational Rehabilitation Act of 1973, and as amended. In addition, Dickinson Public School District No. 1 does not discriminate on the basis of color, race, creed or national origin.

**You Are Further Notified** that inquiries concerning the application of Title IX, 504, or other issues of equal opportunity may be referred to the Vocational Director, who has been designated as the person responsible for coordinating the efforts of the Dickinson Public School District No.1 to comply with and carry out these responsibilities, including any investigation of complaints alleging noncompliance of practices, and violation of law or school board policy.

### **Veteran's Preference** (NDCC 37-19)

Do you claim Veteran's Preference?  No     Yes (Attach report of Separation DD-214)

Do you claim Disabled Veteran's Preference?  No     Yes (Attach current VA Disability Certification and Report of Separation DD-214)

## Narrative Questions

1. Explain how you, as an instructor, determine the differences between teaching and learning?
  
  
  
  
  
  
  
  
  
  
2. How should technology be integrated into all areas of curriculum?
  
  
  
  
  
  
  
  
  
  
3. What are the most critical talents or skills that new teachers bring to the Dickinson Public School District?

*If employed, the applicant agrees to accept assignment to building, subjects and activities as made by the school board or designated by administration. My signature certifies that all the information I have provided is factual.*

### AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Dickinson Public School District No. 1 and its agents with any and all information in their possession regarding me, in connection with an application for or retention of employment. **I also give the ND Dept. of Human Services and the County Social Service office permission to check for my name in child abuse or neglect files and the ND Child Abuse & Neglect Index, for a period not to exceed one year.** I hereby release from liability and hold harmless all persons and corporations supplying this information to the Dickinson Public School District No. 1 and its agents. A photocopy or facsimile (fax) of this authorization is as effective as the original.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Send Application To:        **Dickinson Public Schools**  
                                      **444 4th Street West**  
                                      **Dickinson ND 58601**  
                                      **Attn: Meghan Ziegs**