

# TRINIDAD SCHOOL DISTRICT #1 APPLICATION FORM

Each applicant for a position in the Trinidad School District must complete this form. If the applicant is selected and accepts a position in one of our schools, the information given within becomes a part of the educator's professional record. Therefore, inaccurate, incomplete, or illegible information could lead to disqualification or loss of a position. The amount of space provided for answering some items is necessarily and purposely limited. Failure to answer all questions may void your application.

Date \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

PERMANENT ADDRESS (*If different from present address*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

AVAILABILITY DATE: \_\_\_\_\_

GRADES OR SUBJECTS PREFERRED: \_\_\_\_\_

LICENSE OR CERTIFICATE HELD: \_\_\_\_\_ STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ LICENSE OR CERTIFICATE NO.: \_\_\_\_\_

ENDORSEMENT(S): \_\_\_\_\_

INDICATE ANY EXTRA-CURRICULAR ACTIVITIES YOU ARE WILLING AND ABLE TO DIRECT OR COACH \_\_\_\_\_

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**EDUCATION**

| COLLEGE<br>UNIVERSITY | DATES<br>ATTENDED | DEGREE<br>EARNED | MAJOR | MINOR |
|-----------------------|-------------------|------------------|-------|-------|
|-----------------------|-------------------|------------------|-------|-------|

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**EDUCATIONAL EXPERIENCE** (Start with most recent experience. Please describe any gaps in employment. If no other experience, please list student teaching.)

| EMPLOYER | ADDRESS | SUPERVISOR | DATES |
|----------|---------|------------|-------|
|----------|---------|------------|-------|

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Have you ever been non-renewed or not completed a contract year? \_\_\_\_ Yes \_\_\_\_ No If yes, Please explain: \_\_\_\_\_

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Except for minor traffic violations, have you ever been convicted or are you presently charged with any violation of the law? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_

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Do you have any health condition that would impede your work? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain: \_\_\_\_\_

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Have you ever had your license or certificate revoked? \_\_\_\_\_Yes \_\_\_\_\_No

Do you speak or write any language other than English? \_\_\_\_\_Yes \_\_\_\_\_No If yes, please describe:\_\_\_\_\_

***QUESTIONS***

1. Why do you want to be an educator?\_\_\_\_\_

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2. What do you feel are the qualities of an excellent educator?\_\_\_\_\_

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3. Why do you want to work for Trinidad Schools?\_\_\_\_\_

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4. Please describe your technology literacy?\_\_\_\_\_

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REFERENCES: (Give name, address, occupation and phone number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

Upon completion of this application, please:

1. Include a copy of a current resume
2. Include a copy of all college transcripts
3. Copy of current Colorado Certificate/License

Mail above materials with along with your completed application to:

***DOROTHY J STELITANO—EXECUTIVE LIAISON  
TRINIDAD SCHOOL DISTRICT #1  
215 SOUTH MAPLE STREET  
TRINIDAD, CO 81082***

Upon receipt of this application, it will be duly processed. If an interview with you is deemed necessary, we will contact you. If ultimately you are selected for the position you seek, you will be contacted.