

Weld County School District Re-5J  
Johnstown/Milliken  
110 S. Centennial Dr.  
Milliken, Colorado 80543  
970-587-6050 Fax 970-587-2607

***Administrative Application***

Date \_\_\_\_\_

**PERSONAL AND PROFESSIONAL DATA**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_

Colorado License held: \_\_\_\_\_

Endorsement \_\_\_\_\_ Type \_\_\_\_\_ Level \_\_\_\_\_

Issued \_\_\_\_\_ Expires \_\_\_\_\_

If you do not hold a Colorado License, what endorsement are you expecting to receive from the Colorado Department of Education? \_\_\_\_\_ When? \_\_\_\_\_

Are you currently under contract? Yes \_\_\_ No \_\_\_ Date available \_\_\_\_\_

Have you ever been convicted of, pled no contest to, or received a deferred sentence for a crime involving unlawful sexual behavior or unlawful behavior involving children? Yes \_\_\_ No \_\_\_

Have you ever been dismissed by, or resigned from, a school district or other employer as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior? Yes \_\_\_ No \_\_\_

Have you had a credential, certificate or license to teach denied, annulled, revoked or suspended? Yes \_\_\_ No \_\_\_

If "Yes" to any of the above questions, complete details are required on a separate sheet stating date, charge, place and action taken.

For Weld County School District Re-5J purposes, a second language may consist of any a language other than English or an alternative form of communication, e.g., Spanish, French, or American Sign Language. If you answer "yes", please list the language(s) and indicate proficient or essential.

Proficient—accuracy and fluency at an advanced or secondary level

Essential—accuracy and fluency at a basic or elementary level

Bilingual: Yes \_\_\_ No \_\_\_ Language(s) \_\_\_ Proficient \_\_\_ Essential \_\_\_

Biliterate: Yes \_\_\_ No \_\_\_ Language(s) \_\_\_ Proficient \_\_\_ Essential \_\_\_

List specifically developed talents outside your administrative area: \_\_\_\_\_

Describe any background or experience relative to multicultural education and diverse student population:

**Directions: Please answer each of the questions below. The space provided should be adequate. If more space is needed, please attach an additional page. Please print legibly (do not type).**

1. What is your mission—what are your beliefs about the significance of education?
2. What do you enjoy most about listening to people?
3. What do you enjoy most about administration?
4. How can you get teachers to be excited about teaching?
5. Please list three words your colleagues would use to describe you:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
6. You have a hunch that a teacher could do much better work than they are doing, but you are not sure. What would you do?
7. What are your personal goals and aspirations?

**EDUCATION BACKGROUND**

College Name	State	Major	Minor	Dates of Attendance	Degree
1.					
2.					
3.					

**GRADUATE OR SPECIAL TRAINING-NOT INCLUDED IN ABOVE (Most recent first)**

College Name	State	Subject	Number of Semester Hours	Years of Attendance
1.				
2.				
3.				

**PROFESSIONAL REFERENCES**

Name	Address	Phone #	Position/Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PERSONAL REFERENCES**

Name	Address	Phone #	Position/Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**CONTRACT TEACHING/ADMINISTRATION EXPERIENCE**

List most recent experience first. Please use a separate sheet to document additional contract teaching and administration experience.

(1)

District Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Position held/Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Evaluator's name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Is/Was a teaching or administrator's license/certificate required? Yes \_\_\_\_\_ No \_\_\_\_\_

(2)

District Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Dates employed: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Position held/Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Evaluator's name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Is/Was a teaching or administrator's license/certificate required? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby authorize my former employers, and their employees and/or agents, to provide the Weld County School District Re-5J with any information and/or records requested by the Weld County School District Re-5J concerning my employment history including, but not limited to, my job performance and the circumstances surrounding the termination of my employment. If I am employed by the Weld County School District Re-5J and such employment later ends, I authorize the Weld County School District Re-5J, and its employees and/or agents, to provide prospective employers with any information and/or records requested by them concerning my employment history with the Weld County School District Re-5J including, but not limited, job performance and the circumstances surrounding the termination of my employment.

I certify that the information in this application and any supplement is true and correct to the best of my knowledge. I understand that employment is contingent upon investigation of all statements contained in the application and supplement. I hereby grant my prospective employer or agent full authority to verify application information via drivers record, criminal history, index and any public agency or registry files. The verification information sought may reside in state, or with other public or private entities.

I also understand that an omission or falsification of information in the application or any supplement may result in refusal of, or immediate discharge from employment.

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

\_\_\_\_\_  
Date

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or the presence of a disability.

Please return the application to:

Weld County School District Re-5J  
110 S. Centennial Dr.  
Milliken, Colorado 80543

**FOR OFFICE USE ONLY:**

1. \_\_\_ LETTER OF APPLICATION/RESUME
2. \_\_\_ COMPLETED RE-5J ADMINISTRATIVE APPLICATION FORM
3. \_\_\_ TRANSCRIPTS FROM THE COLLEGE/UNIVERSITY ATTENDED
4. \_\_\_ CREDENTIALS FROM YOUR PLACEMENT BUREAU (LETTERS OF RECOMMENDATIONS, ETC.)
5. \_\_\_ COPY OF COLORADO CERTIFICATE
6. \_\_\_ COPY OF DRIVER LICENSE AND SOCIAL SECURITY CARD