

Karval Online Education

Karval School District RE-23
16232 County Road 29
P.O. Box 5
Karval, CO 80823

719-446-5313
Toll Free: 1-866-375-3404
Fax: 719-446-5331
www.karvalschool.org

Teacher Application

Personal Information

Date _____ Position Applying For _____

Name _____
First Middle Last

Other names under which records may be listed. _____ Social Security Number _____

Address _____
Street City State Zip Code

Home Phone _____ Email Address _____

Have you ever been convicted of or pleaded guilty to a felony? Yes No
If "yes", please explain fully. _____

Certification / Employment

Do you hold a valid Colorado Teaching Certificate? Yes No
If "no", are you eligible for a Colorado Teaching Certificate? Yes No

If you hold a Colorado Teaching Certificate, what is your area of certification?

Do you currently have a teaching contract in Colorado? Yes No
If "yes", with whom? _____

Education

Give full record of your undergraduate and graduate education and professional training.

Degree	Institution	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience

List teaching experience, beginning with most recent.

Employer	Supervisor	Supervisor Phone Number	Teaching Assignment	Date of Employment

Please describe reasons for any discontinuations of teaching. _____

Number of years of certified teaching experience: In Colorado _____ Outside of Colorado _____

Other Work Experience

Employer	Supervisor	Supervisor Phone Number	Teaching Assignment	Date of Employment

References

List name and phone numbers of persons who can provide a recent reference for you.

Name Phone Number

Name Phone Number

Name Phone Number

