

Klawock City School District
P.O. Box 9 Klawock, Alaska 99925 (907) 755-2220
TEACHER / ADMINISTRATOR APPLICATION

Mr. _____
Mrs. _____
 Last First Middle

Date of Birth: ____ / ____ / ____
Social Security No. _____

Degree you hold: Bachelors ____ Masters ____ Specialist ____ Doctorate ____
Areas which you are Certified: Elementary: ____ Secondary: ____ Administrative ____
Major Fields of Study: _____

EDUCATION (LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS ATTENDED OR ENTERED SINCE HIGH SCHOOL)			
Name of Institution	Location	Dates Attended	Degrees Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING EXPERIENCE

District: _____	Position: _____
Address: _____	
From: ____ / ____ / ____	To: ____ / ____ / ____
Name of Supervisor: _____	
Reason for Leaving: _____	

District: _____	Position: _____
Address: _____	
From: ____ / ____ / ____	To: ____ / ____ / ____
Name of Supervisor: _____	
Reason for Leaving: _____	

District: _____	Position: _____
Address: _____	
From: ____ / ____ / ____	To: ____ / ____ / ____
Name of Supervisor: _____	
Reason for Leaving: _____	

District: _____ Position: _____
Address: _____
From: ___/___/___ To: ___/___/___ Name of Supervisor: _____
Reason for Leaving: _____

NON-TEACHING EXPERIENCE:

District: _____ Position: _____
Address: _____
From: ___/___/___ To: ___/___/___ Name of Supervisor: _____
Reason for Leaving: _____

District: _____ Position: _____
Address: _____
From: ___/___/___ To: ___/___/___ Name of Supervisor: _____
Reason for Leaving: _____

District: _____ Position: _____
Address: _____
From: ___/___/___ To: ___/___/___ Name of Supervisor: _____
Reason for Leaving: _____

District: _____ Position: _____
Address: _____
From: ___/___/___ To: ___/___/___ Name of Supervisor: _____
Reason for Leaving: _____

LIST THREE REFERNCES:

Please attach a one page statement of your Educational Philosophy.
The Statements in this Application are true and complete to the best of my knowledge.

Signature of Applicant

Date