Application for Certified Position

San Luis Valley BOCES



Applicants understand that by completing this application form, they may be considered for position openings by any of the 14 school district members of the San Luis Valley BOCES or by the BOCES itself. The enclosed/attached information may be shared with the member school districts at their request.

		Applicar	nt Information		
- ull Name:					Date:
	Last	First		M.I.	
Physical Address:					
	Address				Apartment/Unit #
	City			State	ZIP Code
Mailing Address:					
	Address				Apartment/Unit #
	City			State	ZIP Code
Phone:	,		Cell Phone:		
Date Available:		Email address:			
Position App	plied for:				
Certificate/L	icensure Endorsement: _				_
Certificate/L	icensure Expiration Date:_				
Have you e	ver worked for this agency?	YES NO	If yes, when?		

Return completed application including three current letters of reference, resume and letter of interest to:

San Luis Valley BOCES 2261 Enterprise Drive Alamosa, CO 81101 (719) 589-5851 Fax: (719) 589-5007

EQUAL OPPORTUNITY EMPLOYER

MEMBER SCHOOL DISTRICTS: Alamosa RE-11J - Sangre de Cristo RE-22J - North Conejos RE-1J - South Conejos RE-10 - Sanford 6J -Centennial R-1 - Sierra Grande R-30 - Creede No. 1 - Upper Rio Grande C-7 - Monte Vista C-8 - Sargent RE-33J - Center 26 JT -Mountain Valley RE-1 - Moffat No. 2 - Adams State College - Trinidad State Junior College, Valley Campus

College/University	State	Major	Minor	Degree	Conferred
Additional training or prep qualifications:	aration you ha	eve had (wo	rkshops, in-servi	ice, etc.) that imp	proved your present
Do you hold a current CI	DE License?	Yes	No		
List endorsed areas:					

Languages other than English:

Verbal: Written:

Verbal: Written:

		Teaching Experience (Under Contract)	
No. Yrs.	Dates	School and Address	Subject, Grades
	L		
	Non-Teach	ing Experience (Community Work, Volu	nteer, Etc.)
_			
	Application Q	uestions: (attach a separate sheet of pa	per if needed)
1. Wh		work for the San Luis Valley BOCES or on	
	ricts?		
2. Brie	efly describe your to	eaching or working style.	
2 11/6	ot do vou fool are:	your strongths?	
j s. vvn	at do you feel are y	our sitetigitis?	

	References (must be in reference to your professional experience or training)				
Full Name:	Position:				
Company:	Phone:				
Address:	Email:				
Full Name:	Position:				
Company:	Phone:				
Address:	Email:				
Full Name:	Position:				
Company:	Phone:				
Address:	Email:				
If considered for a position, SLV BOCES retains the right to contact all references. Do you hold a current valid driver's license?					
ACKN	OWLEDGMENTS, CONSENTS, AND REPRESENTATIONS TO OBTAIN INFORMATION				
	applicant acknowledges that if employed, he/she will be an at-will employee. That is the oyer may end the employment relationship with or without cause and with or without notice.				
	applicant consents for the employer to conduct reference checks and release of liability ring the employer to contact former employers and references.				
provi	applicant affirms that all information provided is correct and complete and acknowledges that ding false or incomplete information may result in immediate termination, criminal ecution, and/or less of a teaching or other license.				
	applicant acknowledges that if employed, he or she will be required to submit fingerprinting ackground check.				
	Disclaimer and Signature				
I certify that my answers are true and complete to the best of my knowledge.					
Signature:	Date:				