

# Heartland Career Center

**79 South 200 West \* Wabash, IN 46992 \* (260)-563-7481**

Forward a completed application form and college credentials to the Director's Office. Include a vita or resume sheet if available.  
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**PLEASE FILL OUT (PRINT/TYPE) ALL BLANKS WITH ACCURATE AND DETAILED INFORMATION**

Name in full: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Temporary Address \_\_\_\_\_  
(If applicable) Street City State Zip Code

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Primary Secondary

### Education and Professional Training

	NAME AND LOCATION OF SCHOOL	Major(s)	Degree	Yrs Attended	Sem. Hrs
High School					
College					
College					
Grad School					

### Teaching Experience

NAME AND LOCATION OF SCHOOL (MOST RECENT EXPERIENCE FIRST)	Grades or Subject	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

### Student Teaching Experience

(COMPLETE IF YOU HAVE LESS THAN THREE YEARS TEACHING EXPERIENCE)

NAME AND LOCATION OF SCHOOL (MOST RECENT EXPERIENCE FIRST)	Grades or Subject	From		To		Supervising Teacher
		Mo.	Yr.	Mo.	Yr.	

### Military Experience

BRANCH OF SERVICE: \_\_\_\_\_ NUMBER OF DAYS ACTIVE DUTY: \_\_\_\_\_  
DATE OF BEGINNING ACTIVE SERVICE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

### Important Salary Information

EXPERIENCE CREDIT:

NUMBER OF YEARS MILITARY SERVICE \_\_\_\_\_

NUMBER OF YEARS TEACHING (INCLUDING PRESENT YEAR) \_\_\_\_\_

YEARS OF WORK EXPERIENCE (MUST BE IN TEACHING AREA) \_\_\_\_\_

TOTAL: \_\_\_\_\_

Check all Degrees Received:

<input type="checkbox"/> BS	<input type="checkbox"/> ED. SPEC
<input type="checkbox"/> MS	<input type="checkbox"/> ED. D
<input type="checkbox"/> MA	

INDIANA TEACHER RETIREMENT NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

### Work Experience - Other Than Teaching

NAME AND LOCATION OF COMPANY (MOST RECENT EXPERIENCE FIRST)	Kind of Business	From		To		Reason for Leaving
		Mo.	Yr.	Mo.	Yr.	

### EXTRA CURRICULAR ACTIVITIES (CLUBS, ATHLETICS, INTRAMURALS, ETC.)

IN HIGH SCHOOL	IN COLLEGE

### LICENSE INFORMATION

TYPE OF LICENSE	GRADE LEVEL	DATE OF ISSUE	DATE EXPIRES	SERIAL NUMBER	SUBJECT AREA/ENDORSEMENT

**ADDITIONAL QUALIFICATIONS OR REMARKS. INCLUDE OTHER ITEMS THAT MIGHT BE OF INTEREST TO YOUR PROSPECTIVE EMPLOYER:**


UNIVERSITY CREDENTIALS AVAILABLE  YES  NO

APPLICANTS ARE RESPONSIBLE FOR FORWARDING CREDENTIALS)

NAME UNDER WHICH TRANSCRIPT AND EMPLOYMENT RECORDS MAY BE IDENTIFIED IF DIFFERENT FROM YOUR YOUR DIFFERENT FROM YOUR PRESENT NAME: \_\_\_\_\_

COLLEGE PLACEMENT FILE NUMBER, IF KNOWN: NO.: \_\_\_\_\_ COLLEGE: \_\_\_\_\_  
 NO: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

**WHAT DO YOU WANT TO ACCOMPLISH AS A TEACHER?**

**WHAT SPECIFIC STRENGTHS DO YOU POSSESS THAT WILL HELP YOU TO SUCCEED AS A TEACHER?**

**DO YOU WANT STUDENTS TO LIKE YOU? IF SO, WHY?**

**WHAT PROCESS WOULD YOU WANT PARENTS TO FOLLOW IF THEY HAD A CONCERN ABOUT THEIR CHILD'S SCHOOL EXPERIENCE IF THAT CHILD WERE IN YOUR CLASS?**

**WHAT COULD HEARTLAND CAREER CENTER DO TO HELP YOU BECOME THE BEST TEACHER YOU CAN BE?**

**DESCRIBE THE TYPE OF STUDENT WITH WHOM YOU ARE MOST SUCCESSFUL?**

**REFERENCES**

(GIVE AT LEAST FOUR REFERENCES. INCLUDE TWO CHARACTER, OTHER THAN THOSE YOU HAVE WORKED FOR AND TWO SUPERVISORY, FOR WHOM YOU HAVE WORKED.)

**Please be aware that your references may be contacted upon submission of your application.**

NAME	PHONE NUMBER	EMAIL ADDRESS	OFFICIAL POSITION

**APPLICATION VERIFICATION**

(APPLICANTS MUST ANSWER QUESTIONS 1, 2, & 3. FAILURE TO DO SO WILL RESULT IN THE RETURN OF THE APPLICATION.)

1. HAVE YOU EVER HAD A CREDENTIAL, CERTIFICATE, OR LICENSE TO TEACH DENIED, REVOKED OR SUSPENDED IN INDIANA OR IN ANY OTHER STATE?  YES  NO
2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO
3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS SINCE JANUARY 15, 1994?  YES  NO

**IF THE ANSWER IS YES TO EITHER QUESTION 1, 2, OR 3, ATTACH A WRITTEN EXPLANATION AND PROVIDE THE COURT RECORDS.**

DATE AVAILABLE TO BEGIN EMPLOYMENT: \_\_\_\_\_

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING STATEMENTS ARE TRUE, CORRECT AND COMPLETE, AND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BECOME PART OF MY PERMANENT PERSONNEL FILE SHOULD I BE EMPLOYED BY HEARTLAND CAREER CENTER.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**THIS APPLICATION MUST BE RENEWED BY APRIL 1 TO REMAIN ACTIVE.  
RENEWAL OF THE APPLICATION IS THE RESPONSIBILITY OF THE APPLICANT.**

EDUCATIONAL SERVICES, PROGRAMS INSTRUCTIONS,  
FACILITIES WILL NOT BE DENIED TO ANYONE IN THE  
HEARTLAND CAREER CENTER AS A RESULT OF HIS OR HER  
AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, OR HANDICAPPING  
CONDITION INCLUDING LIMITED ENGLISH PROFICIENCY. FOR FURTHER  
INFORMATION, CLARIFICATION, OR COMPLAINT PLEASE CONTACT:

**SUPERVISOR OF STUDENT SERVICES  
TITLE IX COORDINATOR/SECTION 504 COORDINATOR HEARTLAND CAREER CENTER  
79 SOUTH 200 WEST  
WABASH, IN 46992  
(260) 563-7481**