



Please have credentials and transcripts sent by college or university.

**We do not send for credentials or transcripts.**

Schools Attended:

	School & City	Major & Number of credit hours	Minor & Number of credit hours	Diploma/Degree	Year Graduated
Undergraduate					
Graduate					
Other					

Graduate Credits: (State whether quarter hours or semester hours)

Number of hours earned since completion of your latest degree: \_\_\_\_\_

Number of these credits that are in your teaching field: \_\_\_\_\_

Describe the South Dakota Teaching Certification or license you now hold:

Title and Subject	Grade Level	Level of Licensing	Description of Subject	Date Issued	Expiration Date

Data regarding student teaching (Applicants with three or more years of teaching experience need not complete this portion.)

City & School in which Practice teaching was done	Name of Cooperating Teacher	Grades or Subjects Taught	Dates From-To	Number of Months

College Supervisors(s) \_\_\_\_\_  
 \_\_\_\_\_

Teaching Experience (In reverse chronological order, last position first.)

Name of School System & Location	Dates	Position Held	Reason for Leaving	Salary

Total Years of Teaching Experience \_\_\_\_\_

Extracurricular activities for which you are qualified and are willing to supervise:

<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Tennis	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Instrumental
<input type="checkbox"/> Basketball	<input type="checkbox"/> Track	<input type="checkbox"/> Girls Drill	<input type="checkbox"/> Choral
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Debate	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Other: (Specify) _____			

Other professional or non-teaching experience which may be pertinent:

Employer	Dates	Type of Work	Supervisor

Military (United States of America)

Branch	Date(s)	Reserve Status	Type of Discharge
	From: To:		

References

List five professional references whom we may contact. We are especially interested in the names of people who have observed your work in the classroom.

Experienced teachers must include the names of administrators who have knowledge of their teaching, even if they are included in credentials.

Beginning teachers may request their placement file be used in place of the reference section, but only if the file contains the report of your cooperating teacher, college supervisor, and a professor in your teaching field. If not, please list these references.

Full Name	Position	Official Mailing Address	Telephone #
1.			
2.			
3.			
4.			
5.			