

**HARDING COUNTY SCHOOL DISTRICT #31-1
Buffalo, South Dakota**

**APPLICATION FORM
TEACHER**

Name: _____ **Date:** _____

Degree(s) held: _____

Number of years experience as a teacher: _____

List all majors, minors, and endorsements associated with each degree: _____

List all other academic information that might be especially useful to this position: _____

Do you hold or can you obtain a South Dakota Teaching Certificate? _____

If yes, send a copy.

Have you taken any Praxis tests to become highly qualified in the state of SD? If no, will you be highly qualified prior to the starting of school?

Explain your situation: _____

When will you be able come to Buffalo for an interview?

(Please call the superintendent's office at 605-375-3241 to set up a day and a time.)

List a telephone number where you can be contacted during the school day: _____

Name, address, position, and telephone number of your immediate supervisor:

TEACHER APPLICATION

List 3 references:

Telephone

Address

Can you coach? _____ What sports? _____

Have you signed a contract with another school? _____

Mail or fax application, along with a copy of your resume, teaching certificate, and transcripts, to:

***Josh Page, Superintendent
Harding County School District 31-1
PO Box 367
Buffalo, SD 57720
Telephone: 605-375-3241
Fax: 605-375-3246**

Please be advised that a criminal background check will be conducted.

HARDING COUNTY SCHOOL DISTRICT #31-1 IS AN EQUAL OPPORTUNITY EMPLOYER.