

# HEARTLAND CAREER CENTER

**79 South 200 West**

**Wabash, IN 46992**

**(260) 563-7481**

1. Forward a completed application form and college credentials to the Director's Office
2. Include a vita or resume sheet if available.
3. Interview requests will be initiated by Heartland Career Center.

**PLEASE FILL OUT (PRINT/TYPE) ALL BLANKS WITH ACCURATE AND DETAILED INFORMATION**

Name in full \_\_\_\_\_ Date \_\_\_\_\_  

Last
First
Middle

Permanent Address \_\_\_\_\_  

No.
Street
City
State
Zip

Temporary Address \_\_\_\_\_  
 (If applicable) 
No.
Street
City
State
Zip

Telephone Number: Permanent (\_\_\_\_) \_\_\_\_\_ Temporary (\_\_\_\_) \_\_\_\_\_

**POSITION DESIRED**

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)**

SCHOOL AND DISTRICT	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:	CHECK ALL DEGREES RECEIVED
NUMBER OF YEARS MILITARY SERVICE _____	BS
NUMBER OF YEARS TEACHING _____	BA
(INCLUDING PRESENT YEAR)	MS
YEARS OF WORK EXPERIENCE _____	MA
(MUST BE IN TEACHING AREA)	ED. SPEC.
TOTAL _____	ED.D

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

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

**WORK EXPERIENCE OTHER THAN TEACHING**

NAME AND LOCATION OF COMPANY	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      (APPLICANT IS RESPONSIBLE FOR FORWARDING CREDENTIALS)

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

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

NO.: \_\_\_\_\_ COLLEGE \_\_\_\_\_

1. WHAT DO YOU WANT TO ACCOMPLISH AS AN ADMINISTRATOR? \_\_\_\_\_

---

---

---

---

2. WHAT SPECIFIC STRENGTHS DO YOU POSSESS THAT WILL HELP YOU TO SUCCEED AS AN ADMINISTRATOR? \_\_\_\_\_

---

---

---

---

3. DO YOU WANT STUDENTS TO LIKE YOU? IF SO, WHY? \_\_\_\_\_

---

---

---

---

4. WHAT PROCESS WOULD YOU WANT PARENTS TO FOLLOW IF THEY HAD A CONCERN ABOUT THEIR CHILD'S SCHOOL EXPERIENCE? \_\_\_\_\_

---

---

---

---

5. WHAT COULD HEARTLAND CAREER CENTER DO TO HELP YOU BECOME THE BEST ADMINISTRATOR YOU CAN BE? \_\_\_\_\_

---

---

---

---

6. WHAT IS YOUR PERSONALITY TYPE? WHAT TYPE OF PERSONALITY DO YOU WORK BEST WITH? \_\_\_\_\_

---

---

---

---

**REFERENCES**

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

NAME	ADDRESS	TELEPHONE	OFFICIAL POSITION
1.			
2.			
3.			
4.			
5.			

**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**