



**Eagle Ridge Academy**  
 3551 Southern Street  
 Brighton, CO 80601  
 (303) 655-0773 Fax: (303) 498 – 8119

**TEACHER / LICENSED  
 APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_  
(Street No./Apt. No.) (Area Code)  
 \_\_\_\_\_  
(City) (State) (Zip Code+4)

**POSITIONS FOR WHICH YOU ARE APPLYING:**

- |  |   |
|--|---|
| <input type="checkbox"/> High School Teacher               | Grade Level Preference: 1 _____ 2 _____ 3 _____   |
| <input type="checkbox"/> Special Education Teacher         | Subject(s) _____  |
| <input type="checkbox"/> Counselor                         | Level _____   |
| <input type="checkbox"/> Substitute Teacher                |   |
| <input type="checkbox"/> School Nurse                      |   |
| <input type="checkbox"/> Principal                         | Foreign Language Ability (please specify): _____  |
| <input type="checkbox"/> Special Services Provider – Area: | Speak: Fluently <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>      |
| <input type="checkbox"/> _____                             | Read/Write: Fluently <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> |

**LICENSURE / CREDENTIAL INFORMATION**

Colorado License Held: Please complete the box below with information on your Colorado license.  
 Please include a copy of the LICENSE with this application.

Type	Endorsement	Level	Dates

**Colorado Graduates With Licensure pending:**

Please indicate the PLACE or PRAXIS Assessments you have taken and when.

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Have you been recommended for a Colorado teaching License?  Yes  No

If so, complete the “Colorado License Held” box above as though you hold a teaching license.

**Out of State Certification:** Complete the boxes below with the appropriate information. Please include a copy of certificate. You will need to contact and apply to the Colorado Department of Education to obtain Colorado Licensure.

State Certified	Endorsement	Level	Dates

If secondary certified, list subject areas, other than teaching endorsements, in which you have a minimum of 18 semester hours.

Subject	Sem. Hrs.	Subject	Sem. Hrs.	Subject	Sem. Hrs.

**ACADEMIC PREPARATION**

Please fill out the following information as completely as possible. If work is still in progress, supplementary information should be completed later.

Name of Institution	Location	From (date)	To (date)	No. of Years	Degree

**STUDENT TEACHING EXPERIENCE**

Name of Institution	Grade(s) Taught	Subject(s) (If applicable)	From (date)	To (date)	No. of Months

**TEACHING / ADMINISTRATIVE EXPERIENCE**

(Under Contract or Substituting)

(List in chronological order, last position first)

School Address City	Principal State	Phone Number	Grade Level Taught	From (Mo./Yr.)	To (Mo./Yr.)	Status	
						Sub.	Contract
School Address City	Principal State						
School Address City	Principal State						
School Address City	Principal State						
School Address City	Principal State						
School Address City	Principal State						

**OTHER EMPLOYMENT (NON-TEACHING EMPLOYMENT)** – Please identify periods of non-employment since student teaching.

Activity	Place Include address, phone, & supervisor's name	From	To

**REFERENCES**

Include those who are familiar with your professional potential. Include any administrator under whom you have worked or college instructor if you have not yet graduated. DO NOT include relatives or persons who have furnished references for your placement office credentials. You may also include persons not connected with education who are qualified to answer regarding your fitness for the position you seek. Reference will be contacted should you be a candidate for a specific position.

Name	Occupation	Address	Phone Number

**ACTIVITIES YOU ARE QUALIFIED BY PREPARATION TO INSTRUCT:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Vocal Music        | <input type="checkbox"/> Drama          | <input type="checkbox"/> Bilingual Education |
| <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Journalism     | <input type="checkbox"/> ESL                 |
| <input type="checkbox"/> Speech             | <input type="checkbox"/> Yearbook       | <input type="checkbox"/> Reading / Literacy  |
| <input type="checkbox"/> Gifted & Talented  | <input type="checkbox"/> Alternative Ed | <input type="checkbox"/> Other               |

**SPORTS YOU ARE QUALIFIED BY PREPARATION TO COACH:**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Football        | <input type="checkbox"/> Basketball   | <input type="checkbox"/> Wrestling     |
| <input type="checkbox"/> Baseball        | <input type="checkbox"/> Track        | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Golf            | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Weight Training | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Soccer          | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Other         |

**GENERAL INFORMATION**

Do you have the ability to perform the essential functions and job task requirements outlined on the job description? If no, (1) How would you perform the tasks, and (2) with what accommodations? (Attach separate sheets as necessary)  Yes  No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? (For compliance with the Immigration Reform and Control Act.)  Yes  No

Have you ever been asked to resign from a position?  Yes  No

Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or revocation of a license/certificate?  Yes  No

Have you been convicted of, pled no contest to, or received a deferral sentence for 1) any crime, and/or, 2) any crime involving unlawful sexual behavior, or unlawful behavior involving children?  Yes  No

Have you ever been dismissed by, or resigned from, a school district or other employer as a result of an allegation of unlawful behavior involving a child, including unlawful sexual behavior?  Yes  No

Have you had a credential, certificate, or license to teach denied, annulled, revoked, or suspended?  Yes  No

Have you ever been convicted of a felony or misdemeanor (other than minor traffic offenses)?  Yes  No

If you answered yes to any of the above questions, please provide complete details on a separate sheet stating the date, charge, place, and action taken.

**ADDITIONAL QUESTIONS:**

1. What are your three most important reasons for wanting to be a teacher? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How much do you want to know about your students in order to be most helpful to them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What three things do you most want to know about your students? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What do you need to know in order to begin your lesson planning for a class? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What four key components do you believe you must include in your plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. When you think about your students, in what major ways do you most want to influence their lives? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What two core teaching strategies do you most use to achieve this result? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Is there anything else you would like to add to help us know your basic views about teaching? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLORADO STATUTES PROVIDE THAT THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN IS AVAILABLE FOR PUBLIC INSPECTION**

I understand that Brighton Charter Schools may conduct examinations into my background; I understand that reference checks will be made; I understand that by affixing my signature below that I consent to such examination; I understand that my signature certifies that all information in this application is true and correct; I also understand that an omission or falsification of information in the application or any supplement may result in refusal of, or immediate termination of, employment.

In the event I am employed by Brighton Charter Schools, I agree to abide by all its applicable policies, procedures, rules and regulations.

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Applicant's Signature

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Date

**REASONABLE ACCOMMODATION**

The Office for Human Resources will make efforts to provide reasonable accommodation to disabled candidates in the employment process. If you have special needs, please notify the Office of Human Resources at the time you turn in your application or at least three (3) days prior to an interview by calling (303) 655-0773.

**AN EQUAL OPPORTUNITY EMPLOYER**

In compliance with federal and state equal employment opportunity laws, Brighton Charter Schools will consider all qualified applicant for employment, educational programs, or activities without regard to race, religion, gender, national origin, age, marital status, or the presence of a disability.

**INFORMATION FOR APPLICANT**

**CERTIFICATION:** A certificate or license issued by the Colorado Department of Education is required. Applicants should communicate with the **Colorado Department of Education, Educator Licensing – Room 105, 201 East Colfax Avenue, Denver, Colorado 80203-1799, regarding certification/licensure. Phone (303) 866-6628.**

**TRANSCRIPT/ CREDENTIALS:** Applicants should request credentials be sent from the college/university and/or three current letters of reference. In addition, it is the candidate's responsibility to insure an official set of transcripts is on file with the Office for Human Resources prior to being considered for employment.

**INTERVIEWS:** Interviews will be scheduled through the Office for Human Resources or by individual school sites.

**RETURN THIS APPLICATION TO:** Brighton Charter Schools  
Human Resource Office  
mmiers@brightoncharter.org  
3551 Southern Street  
Brighton, CO 80601

For Office Use Only

Resume

Transcripts

Colorado License/Certificate

Credentials/Letters