

**Valley Falls USD 338**  
**Application Form**  
**For**  
**Supplemental/Extra Duty Assignments**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Do you hold a valid Kansas Teaching Certificate?     Yes     No

If yes, list expiration date: \_\_\_\_\_

EDUCATION

(Applicants holding a valid Kansas Teaching Certificate and currently under contract with U.S.D. #338 should not complete this section.)

High School and Dates Attended: \_\_\_\_\_

College(s) or Universities(s) and Dates Attended: \_\_\_\_\_

\_\_\_\_\_

WORK EXPERIENCE

(Only list work experience --- including dates --- that relates directly to the position(s) for which you are applying)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES

(Include address and phone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application form to the Superintendent's Office.

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