



Dear Applicant:

Thank you for your interest and inquiry for employment in the Kit Carson School District. Please provide the following completed application file:

1. **A COMPLETED APPLICATION FORM** – Answer ALL questions. A resume does not replace this form.
2. **A LETTER OF INTEREST** stating why you desire this position and what qualities make you an excellent candidate.
3. **A CURRENT RESUME**

***Submit all completed application materials together and return to:***

Kit Carson School District R-1  
c/o Robert Framel, Superintendent  
102 West 5<sup>th</sup> Avenue  
PO Box 185  
Kit Carson, CO 80825  
[rframel@rebeltec.net](mailto:rframel@rebeltec.net)

**THE HIRING PROCESS:**

Once your application is complete, it will be screened for qualifications and the needs of the position. Should your application meet all of these requirements, you MAY be contacted for an interview. Most communication is done through EMAIL!

Thank you for your interest in the KIT CARSON WILDCATS!

Robert L. Framel  
Superintendent  
719-962-3219  
[rframel@rebeltec.net](mailto:rframel@rebeltec.net)

**PERSONAL INFORMATION: (Please Print)**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State/Zip Social Security Number

E-Mail: \_\_\_\_\_ Cell Phone:(\_\_\_\_) \_\_\_\_\_

**I. EMPLOYMENT PREFERENCE: (Please List the Position(s) for which you are applying)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**II. EMPLOYMENT HISTORY: (Start with most recent employer)**

Business/School (City/State)	Supervisor Phone #	Job Description/Experience	Employed From/To	Salary	Reason for Leaving

**III. CERTIFICATION/LICENSEURE:**

1. Are you currently CPR/First Aid certified? Y: \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ N: \_\_\_\_\_
2. Please list any other licenses/certifications that are current: \_\_\_\_\_  
\_\_\_\_\_

**IV. Extra Curricular Activities: (Please list activities you can direct, coach or advise)**

1. \_\_\_\_\_ Experience: \_\_\_\_\_
2. \_\_\_\_\_ Experience: \_\_\_\_\_
3. \_\_\_\_\_ Experience: \_\_\_\_\_
4. \_\_\_\_\_ Experience: \_\_\_\_\_
5. \_\_\_\_\_ Experience: \_\_\_\_\_

**V. EDUCATION: (Start with most recent institutions attended)**

College/University/High School	City/State	Major/Minor	Attended From/To	Degree

**VI. Questions: (if yes, explain)**

1. Has your license ever been suspended/revoked? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have any pending criminal or moving traffic violations? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever pleaded guilty or been convicted of a felony? \_\_\_\_\_  
\_\_\_\_\_

**VII. REFERENCES:**

Please list the names of three people with whom you have worked. Include both work and home/cell numbers.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Business/School: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone(W): \_\_\_\_\_  
Street City State/Zip Phone(H): \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Business/School: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone(W): \_\_\_\_\_  
Street City State/Zip Phone(H): \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Business/School: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone(W): \_\_\_\_\_  
Street City State/Zip Phone(H): \_\_\_\_\_

***WILDCAT PRIDE!***

