

APPLICATION FOR EMPLOYMENT

All positions are filled without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related condition or handicap or any other legally protected status.

Certificated

	(Please Print)		
Position Applied For	Date o	f Application	
Last Name	First N	Jame	
Address			
City	State	Zip	
Telephone Number			
Have you ever been employed by the District before?			No
If Yes, give date(s)			
Are you currently employed?		Yes	No
May our District representative contact your pr	resent employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?			No
On what date would you be available for work	?		
Are you available to work: Full Time	Part Time	Shift Work	Temporary
Can you travel if a job requires it?		Yes	No
Have you been convicted of a felony?		Yes	No
Conviction will not necessarily disqualify an applic If Yes, please explain and identify type of f		on	

EMPLOYMENT EXPERIENCE

Start with most recent employment first and include any military service assignments.

1.	Employer	Dates of Employment				
	Address					
	Telephone Number	Reason for Leaving				
	Job Title	Supervisor				
	Description of Work					
2.	Employer	Dates of Employment				
	Address					
	Telephone Number					
	Job Title	Supervisor				
	Description of Work					
3.	Employer	Dates of Employment				
	Address					
	Telephone Number	Reason for Leaving				
	Job Title	Supervisor				
	Description of Work					
If you need additional space, please use a separate sheet of paper.						
List pi	rofessional, trade, business or civic activities and	d offices held.				

Special skills and qualifications. (Please summarize)

EDUCATION

1.	High School Name			
	Location	Years Completed		
	Diploma	Date Graduated		
2.	Undergraduate – College/University			
	Location	Years Completed		
	Diploma/Degree	Date Graduated		
	Major	Minor		
3.	Undergraduate – College/University			
	Location	Years Completed		
	Diploma/Degree	Date Graduated		
	Major	Minor		
4.	Graduate/Professional – College/University			
	Location	Years Completed		
	Diploma/Degree	Date Graduated		
	Major	Minor		
Descri	ibe course of study			
Descri	ibe any specialized training, apprenticeship, skills and	extra-curricular activities		
Describe any honors you have received				

INCLUDE WITH APPLICATION (Upon hire, official transcripts and proof of HQT will be required)

- Idaho Teaching Certificate
- Unofficial college/university transcripts

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1.	Name	Telephone Number			
2.	Name	Telephone Number			
3.	Name	Telephone Number			
	Are you physically or otherwise unable to perform the are applying?	duties of the job for which you	Yes	No	
	Have you ever had a teaching certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation proceedings in Idaho or another State?			No	
Have you ever been adjudicated guilty in a court of law of an offence other than a minor traffic violation? If your answer is YES to either of the above, attach an explanation of the circumstances)			Yes	No	
	I give permission for Dietrich School District to contra information for all past employment	act and gain employment	Yes	No	
State any additional information you feel may be helpful to us in considering your application					

All prospective employees must be cleared through the Dietrich School District required background check before an employment contract is considered valid.

I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

BY YOUR SIGNATURE, UPON THIS APPLICATION, YOU ATTEST AND AFFIRM THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT ACCORDING TO YOUR KNOWLEDGE AND BELIEF. YOU FURTHER ATTEST AND AFFIRM THAT YOU HAVE AND WILL ABIDE BY IDAHO CODE AND THE STATE BOARD OF EDUCATION RULES AND REGULATIONS RELATIVE TO THE RESPONSIBILITY AND CONDUCT OF CERTIFICATED IDAHO EDUCATORS. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES, REGULATIONS AND POLICIES OF THE DISTRICT. ENTRY OF FALSE INFORMATION ON THIS APPLICATION COULD RESULT IN DISHARGE.