

TROY SCHOOL DISTRICT #287
P.O. BOX 280 TROY, IDAHO 83871-0280 (208) 835-3791

PROFESSIONAL EMPLOYMENT APPLICATION
(Please Print or Type)

NAME: _____
Last First M.I.

CURRENT ADDRESS _____ ALTERNATE ADDRESS _____
Number or P.O. Box Street Apt. Number or P.O. Box Street Apt.

City State Zip City State Zip

until _____
TELEPHONE _____ ALTERNATE TELEPHONE _____ ALTERNATE TELEPHONE _____

E-MAIL ADDRESS: _____ MONITORED: DAILY WEEKLY OCCASIONALLY

POSITION APPLIED FOR: _____ BEGINNING: _____

CERTIFICATION

CURRENT IDAHO CERTIFICATE(S) AND ENDORSEMENT(S): _____

OTHER STATE CERTIFICATE(S) AND ENDORSEMENT(S): _____

K-8: COMPLETED: IDAHO MATHEMATICAL THINKING FOR INSTRUCTION COURSE IDAHO COMPREHENSIVE LITERACY COURSE

EXPERIENCE (Please list all employment, including Student Teaching, during the past 5 years, at least, starting with most recent)

POSITION Include Grade Level, Subject, etc.	SCHOOL DISTRICT OR EMPLOYER Include City, State	PHONE NUMBER	DATES		MAY WE CONTACT?
			From	To	
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION (Please list all activity after high school, starting with most recent)

<u>COLLEGE OR UNIVERSITY</u> Include City, State	<u>DATES</u> From To	<u># OF CREDITS</u> Semester or Quarter	<u>GPA</u>	<u>MAJOR(S)</u>	<u>MINOR(S)</u>	<u>DEGREE & DATE</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

REFERENCES (May be omitted if at least 3 letters of recommendation are being forwarded)

<u>NAME</u>	<u>POSITION</u>	<u>TELEPHONE</u>	<u>E-MAIL</u> if available	<u>TYPE OF REFERENCE</u> Employer, Teacher, Personal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever had a diploma, credential, or professional certificate revoked or suspended? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever failed to complete the terms of a professional contract? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you a military veteran? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(For any "YES" answers, attach a separate page with details)

I certify that the information herein is true, complete, and correct, to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on the application may result in my dismissal. I authorize Troy School District to make inquiry of my present and past employers and/or professional associates regarding my character, integrity, and reputation, with the following exceptions:

SIGNATURE

DATE

Troy School District #287 is an Equal Opportunity Employer, committed to a policy of non-discrimination on the basis of race, color, creed, national origin, religion, age, disability or gender in its educational programs and employment practices.