
NAME (PLEASE PRINT)

DATE APPLICATION COMPLETED

CERTIFIED EMPLOYMENT APPLICATION

**SALMON SCHOOL DISTRICT #291
907 SHARKEY ST.
SALMON, IDAHO 83467
(208) 756-4271
FAX: 208-756-6695**

WHITEWATER CAPITAL OF THE WORLD

NOTE TO APPLICANT:

SALMON SCHOOL DISTRICT WANTS GOOD TEACHERS WHO ARE DEDICATED TO TEACHING. WE WANT PEOPLE WHO BELIEVE IN THEMSELVES, HAVE THE COURAGE TO STAND ON THESE BELIEFS, AND ARE SENSITIVE TO THE NEEDS OF SELF AND OTHERS.

WE WANT PEOPLE WHO REALIZE THAT SCHOOLS ARE A TRAINING GROUND FOR LIFE, AND THAT STUDENTS ARE THE PRODUCT. IF YOU ARE ONE OF THESE PEOPLE, WE WANT YOU.

Salmon School District is an Equal Opportunity Employer

APPLICATION

AN APPLICATION FOR A CERTIFIED POSITION IN THE

SALMON SCHOOL DISTRICT NO. 291
907 SHARKEY ST., SALMON, ID 83467

ADMINISTRATIVE OFFICES

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Name _____ Social Security No. _____
(Last) (First) (Middle)

Permanent Address _____ Phone _____
(Street) (City) (State) (Zip)

Address _____
Until _____ Phone _____
(Street) (City) (State) (Zip)

PERSONAL DATA

List those extracurricular activities which you feel competent to sponsor or direct or which you have sponsored or directed _____

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? Yes No

Have you ever been adjudicated guilty in a court of law of an offense other than a minor traffic violation? Yes No

If the answer is YES to either of the above, attach an explanation of the circumstances.

On a separate piece of paper please write an explanation, not to exceed 250 words, of your major strengths as they apply to the position for which you are making application.

PROFESSIONAL INTEREST

State position desired in the school district. Number in order of preference:

- *1. _____
- 2. _____
- 3. _____

*Primary position for which application is made.

If you have a valid Idaho Teaching Certificate complete the following:

Certificate Title _____

Date Certificate was issued _____

If you do not have a valid Idaho Certificate check here. ____

Where are your credentials on file?

EDUCATION TRAINING

(list in order of attendance)

(Check to indicate class hours)

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College and/or University	Location	Dates Inclusive	Degree Earned And Date of Degree	Major	Hours	Minor	Hours

TEACHING AND JOB-RELATED EXPERIENCE

List most recent experience first – new teachers list student teaching – include military if assignment was teaching or instruction

Name	Employer Location	Superintendent or Supervisor	Number of Years	Date From To	Position Held

REFERENCES If you have had teaching experience list Superintendents and Principals for whom you have taught (most recent first)

Name	Title	Address	Telephone No.	Year

Notice: Employment will be based on the following procedures unless otherwise noted on vacancy listing:

1. Preliminary Screening of applicants will be based on ability to meet job description requirements as evidenced by completed application, placement files, and transcripts. Supportive job-related information not on this form nor in credentials may be submitted by the applicant.
2. Additional Data will be requested from the candidate or from reference after step one, such as letters of recommendation and other information as determined by the district office.
3. Finalists will be required to attend a personal interview at the district office.
4. A Recommendation for Employment will be submitted to the Board of Trustees.

5. Notification of Employment will be sent to the candidate.
It is the candidate’s responsibility to check on employment status. Notice of vacancy closings will be remitted to teacher placement centers and district postings only.
I hereby certify that the information herein is a true and complete statement of my personal and professional record to date.

Signature of Applicant

Date

**EMPLOYMENT CONTINGENT UPON CLEARANCE OF
FINGERPRINTING/CRIMINAL BACKGROUND CHECK.**

APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICANT'S STATEMENT:

I hereby certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give my consent to contact current and/or former employers.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

Salmon School District No. 291

PERSONNEL

5320F2

Drug and Alcohol Abuse Testing Agreement

I agree to be tested according to the drug and alcohol testing policy and procedures.

I understand that agreeing to be tested according to the drug and alcohol testing policy and procedures is a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Drug and Alcohol Abuse Testing Policy and Procedures, I will consult the Superintendent or his designee.

I understand that refusal to sign this document constitutes a refusal to test and the Superintendent will follow the Drug and Alcohol Abuse Testing Policy and Procedures regarding a refusal to test in accordance with Board policy and state law.

Employee Signature

Employee Printed Name

Date

Policy History:

Adopted on: 061107

Revised on: