## **Kimberly School District #414**

141 Center Street West Kimberly, Idaho 83341 (208) 423-4170

## **Application for a Certified Position**

Name:					
Last	First			Middle	
Present address:					
	Street		City		
			Phone: ()		
	State	Zip			
_			_ Cell Phone: ()		
	e-mail address				
Date of Application	ate of Application, 20, Date available for employment:				
Please include the phone r	number of a person who would	know how to	contact you:		
Name:		Phone	: ()		
Designate the position(s) for which you are applying or are interested in (certification required):		1)			
		2)			
Please list any extracurricular activities:		1)			
		2)			
<u>Procedures:</u>					

- Filing an application includes:
  - 1) Letter of introduction.
  - 2) Completed application form.
  - 3) Resume To include:
    - Current list of references.
    - Certificates
    - Work history
    - Education
    - Experience: Each applicant is required, upon employment, to document with SDE Form B-6 the number of years taught in other school districts. The verification needs to be officially signed by previous district personnel.
- Approved teaching certificates (please enclose copy) are required. Those seeking Alternative Authorization please provide your plan for obtaining certification.
- Upon the acceptance of a contract, the applicant must provide a complete official or unofficial transcript of credits and will be required to successfully pass a drug testing and fingerprinting for a background check.
- Applicants may not be discriminated against because of sex, race, color, ancestry, age, exceptionality, national or ethnic origin, religion, conditions of birth, disability, or family or political relationship.
- Preference will be given to eligible veterans pursuant to IC 65-503.
- This is not a contract for employment. Final hiring is the Board of Trustee's prerogative.
- All required documents become the property of School District #414 upon receipt. Applications are not considered unless all items are addressed.

I hereby certify that the information contained in this application is a true and complete statement of my personal record to date. If employed, any misstatement or omission of fact on the application may result in my immediate dismissal.

Signature:	

Current Teaching Certification:	yes no		
Alternative Authorization			
Drofossional Toaching Information			
Professional Teaching Information My Initial Teaching Certificate wa		ıf	in the vear
My first Idaho	teaching certificate was	received in the year of	
List below <b>Idaho</b> teaching, administrated Certificate, indicate date of application needed to explain, attach a separate	on for Idaho Certificate a		
TYPE OF CERTIFICATE ELEMENTARY / SECONDARY /	INITIAL CERTIFICATION	ENDORSEMENT(S)	CERTIFICATION EXPIRATION
OTHER	YEAR		DATE
Please Note: Certification: All professional person a valid and appropriate Idaho Certific result in the withholding of pay. It is documentation is in place.	cate. Failure to file a vali	d Idaho Certificate with the distric	t by October 15th will
**********	*******	**********	******
Are you claiming veterans' preference If yes, please include appropriate supposed documentation.			her district approved
Have you ever been investigated for indicted for, tried for, pleaded guilty probation or parole violation? (Excludition) yes no	to, or were convicted of	a felony or misdemeanor, or foun	d to have committed a
If yes, please explain by confidential employment.	letter. The existence of	a criminal record does not constitu	ute an automatic bar to
Is anyone living at your address requ yesno	uired to register for the S	Sex Offender Registry?	
Have you ever had a teaching certific state or any other?yesno	cate denied, revoked, su	spended or sanctions placed upon	your certificate, in this
If ves please explain by confidential	letter		

Any deliberate misstatement or concealment of facts regarding these questions may be grounds for non-selection or termination if hired.