

When completed please return to:
 Personnel Office
 P O Box 227
 Idaho City, Idaho 83631
 (208) 392-4183
 FAX: (208) 392-9954

Date of Application _____
 Date Received _____

BASIN SCHOOL DISTRICT #72 CERTIFIED APPLICATION

 (First Name) (Initial) (Last Name)

Social Security Number _____

Any other name which recommendations may be listed _____

Present Address _____
 (Number and Street) (City) (State) (Zip Code)

Present Telephone Number _____
 (Area Code)

Permanent Address _____
 (Number and Street) (City) (State) (Zip Code)

Permanent Telephone Number _____ Business Telephone Number _____
 (Area Code)

With whom (name and telephone number) could a message be left? _____

For which positions are you certified

Position or Subject	Semester Hours in Field	Grade Level

Certificates or Licenses held: Indicate type of certificate, subject area, and state issuing certificate, i.e.;

Idaho - 5 year – Secondary Social Studies

1. _____
2. _____
3. _____

Do you hold a valid Idaho Certificate for the position for which you are applying? Yes ___ No ___

Has your teaching certificate ever been revoked in any state? _____ If Yes, Please explain

Have you ever had any disciplinary action taken toward your teaching certificate in any state? _____ If Yes, please explain _____

Have you ever been placed on probation while employed by another school? _____ If Yes, please explain

Have you ever been convicted of a Felony? _____ Have you ever been convicted, been given a suspended sentence, or been given a withheld judgement in regard to a crime involving moral turpitude? _____ If Yes to either of these questions, please explain _____

EDUCATIONAL TRAINING

College and/or University	Location	Dates Inclusive	Degree Earned And date of Degree	Major	Hrs	Minor	Hrs

Date of Initial Certification for Teaching _____

TEACHING AND JOB-RELATED EXPERIENCE (List most recent experience first)

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

REFERENCES (If you have teaching experience, list Superintendents and Principals for whom you have taught)

Name	Title	Address	Phone Number	Year

PERSONAL DATA (OPTIONAL/IF QUALIFIED)

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

On a separate sheet 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.

PLEASE NOTE:

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 in this form nor in credentials may be submitted by the applicant, (Application materials received at the district office more than 10 days after the application deadline will not be accepted).
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 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 _____