

SHELLEY PUBLIC SCHOOLS
JOINT SCHOOL DISTRICT NO. 60
545 SEMINARY AVE. SHELLEY, ID 83274
(208) 357-3411 FAX (208) 357-5741

<u>Office Use</u>
Board Approval _____
Fingerprinted _____

APPLICATION FOR CERTIFIED TEACHER

Position applied for _____ Date of application ____ / ____ / ____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Telephone# (____) _____ Other Phone # (____) _____ Social Security # _____

If Necessary, best time to call you at home is : A.M.
 : P.M.

Work number and best time to call (____) _____ : P.M.

Have you ever been charged with a criminal offense other than a traffic violation: Yes No If yes, please explain: _____

Certification:

Do you hold a valid Idaho Certificate? _____ Expiration Date: _____

If you do not hold an Idaho Certificate, have you applied? _____

(Contact the Idaho Department of Education, P.O. Box 83270, Boise, ID 83270-0027, (208) 334-3475, for information concerning certification.)

Areas of endorsement on Idaho Certificate: _____

Professional Preparation:

Student Teaching

1. Where: _____

2. When: _____

3. Subjects taught and grade level: _____

Education: Colleges or Universities attended:

DATE	NAME OF INSTITUTION	MAJORS	MINORS	YR. GRADUATED	DEGREE

Additional Graduate Course Work in the Past Five Years:

DATE	NAME OF INSTITUTION	TITLE OF COURSE	CREDIT

Teaching experience (begin with most recent.)

FROM	TO	SCHOOL	ADDRESS, CITY & STATE	POSITION

Total Years Teaching Experience: Public: _____ Private: _____

Employment Status:

1. Are you currently under contract? _____
2. Date Available: _____

Name of present employer / Immediate supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Previous Work Experience: (Begin with most recent before the above listed.)

FROM	TO	BUSINESS	ADDRESS, CITY, STATE	POSITION

References (Superintendents, Principals, Supervisors or College Instructors):

NAME	OFFICIAL POSITION	ADDRESS	PHONE

Indicates levels / subjects which you are endorsed to teach in Idaho:

LEVELS:

SUBJECTS:

- | | | | |
|---------|---------------------|-----------------------|---------------------------|
| 1. K-8 | 1. Science | 6. Physical Education | 11. Learning Disabilities |
| 2. 1-8 | 2. Math | 7. Fine Arts | 12. Therapist |
| 3. 6-12 | 3. Social Studies | 8. Music | 13. Vocational Education |
| 4. 7-12 | 4. Language Arts | 9. Business | 14. Other: _____ |
| 5. K-12 | 5. Foreign Language | 10. Special Education | _____ |

Foreign Languages:

What languages, other than English, to you do speak, read or write: _____

Explain Fluency: _____

Check activities you could coordinate or supervise:

- | | | | | |
|--------------|---------------|----------------|---------------------|------------------|
| 1. Forensics | 6. Tennis | 11. Baseball | 16. Track | 21. Cheerleaders |
| 2. Yearbook | 7. Basketball | 12. Swimming | 17. Wrestling | 22. Other _____ |
| 3. Newspaper | 8. Golf | 13. Gymnastics | 18. Skiing | _____ |
| 4. Football | 9. Hockey | 14. Orchestra | 19. Dance | |
| 5. Theater | 10. Track | 15. Chorus | 20. Student Council | |

Indicate Choice of Position:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

In addition to this completed application, you will need to submit (1) A complete set of transcripts; (2) A copy of your teaching certificate; (3) A resume including professional and personal references; (4) A confidential placement file from placement office.

I certify that all the information on this application is accurate and complete to the best of my knowledge. I understand that any false information may result in elimination of my file, or if employed, termination of employment. I give my permission to have all references listed and other references checked.

Signature of Applicant: _____ Date: _____

Philosophy of Education: _____

Results of a state mandated background check could affect continued employment with our district. (There is a fee of \$40.00 charged by the State Department of Education for a background check and a fee of \$5.00 charged by the Shelley Police Department to do the actual fingerprinting.)

Upon board approval, you will be required to be fingerprinted and pay half the \$40 processing fee to the district and the \$5.00 fingerprinting fee to the Shelley Police Department.

Your file will be kept on record in our office for the current year and one (1) additional year. It will then be necessary for you to notify us if you want to have it brought forward to the current year. Otherwise it will be destroyed.