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	, 20	Date a	vailable for employment:	
Please include the phor	e number of a person who wou	ıld know	how to contact you:	
Name:			Phone: ()	
Designate the position(s) for which you are applying or are interested in (certification required):		1)		
		2)		
		ŕ		
Please list any extracurricular activities:		1)		
		2)		

Procedures:

- Filing an application includes:
 - 1) Letter of introduction.
 - 2) Completed application form.
 - 3) Resume To include:
 - Current list of references.
 - o Certificates
 - Work history
 - o 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 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:	

Professional Teaching Infor	mation				
My Initial Teaching Certificate was received in the State of					
		certificate was received in the year of $_$			
	of application for	cial certificates held. If you do not hold a land land certificate and the type of certificate sheet):			
TYPE OF CERTIFICATE ELEMENTARY / SECONDARY / OTHER	INITIAL CERTIFICATION YEAR	ENDORSEMENT(S)	CERTIFICATION EXPIRATION DATE		
personnel office, a valid and approdistrict by October 15 th will result i assure all necessary certification d ***********************************	priate Idaho Cert in the withholding ocumentation is i **********************************	**************************************	ricate with the inployee to represent the input the inployee to represent the input to rep		
employment.	etter. The existence	e of a criminal record does not constitute an a	automatic par to		
Is anyone living at your address requirements yesno	red to register for t	he Sex Offender Registry?			
Have you ever had a teaching certificate state or any other?yesno	ite denied, revoked	, suspended or sanctions placed upon your c	ertificate, in this		
If yes, please explain by confidential le	etter.				

<u>Current Teaching Certification:</u> Yes____No____ Alternative Authorization____

An AFFIRMATIVE ACTION / EQUAL COOPORTUNITY EMPLOYER

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

termination if hired.