Kimberly School District #414

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

Application for a Certified Position

Name:			
Last	First	t	Middle
Present address:			
	Street		City
			_ Phone: ()
	State	Zip	
-			_ Cell Phone: ()
	e-mail address		
Date of Application	, 20	_ Date a	available for employment:
Please include the pho	one number of a person who wo	uld know	how to contact you:
Name			_ Phone: ()
Designate the position or are interested in (c	n(s) for which you are applying	1)	
		2)	
Please list any extract	urricular activition	1)	
Flease list ally extract		I)	
Dreadureat		2)	
Procedures: Filing an applica	tion includes:		
1) Letter of intro	oduction.		
2) Completed ap 3) Resume – To			
	list of references.		
 Certifica 			
 Work his Education 	-		
		n emplovi	ment, to document with SDE Form B-6 the
number	of years taught in other school dist		verification needs to be officially signed by
	s district personnel.) are requ	uired. Those seeking Alternative Authorization
	our plan for obtaining certification.) are requ	aned. Those seeking Alternative Authorization
		ust provic	le a complete official or unofficial transcript of
			g and fingerprinting for a background check.
			race, color, ancestry, age, exceptionality, y, or family or political relationship.
	be given to eligible veterans pursuar		
 This is not a con 	tract for employment. Final hiring is	s the Boa	rd of Trustee's prerogative.
 All required docu 	uments become the property of Sch	ool Distri	ct #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 Information

My **Initial Teaching Certificate** was received in the State of ______ in the year ______. My first Idaho teaching certificate was received in the year of ______.

List below **Idaho** teaching, administrative, and special certificates held. If you do not hold an Idaho Teaching Certificate, indicate date of application for Idaho Certificate and the type of certificate requested (if more space is needed to explain, attach a separate sheet):

TYPE OF CERTIFICATE ELEMENTARY / SECONDARY / OTHER	INITIAL CERTIFICATION YEAR	ENDORSEMENT(S)	CERTIFICATION EXPIRATION DATE

Please Note:

Certification: All professional personnel employed by the Kimberly School District must file with the personnel office, a valid and appropriate Idaho Certificate. Failure to file a valid Idaho Certificate with the district by October 15th will result in the withholding of pay. It is the responsibility of the employee to assure all necessary certification documentation is in place.

If yes, please explain by confidential letter. The existence of a criminal record does not constitute an automatic bar to employment.

Is anyone living at your address required to register for the Sex Offender Registry? _____yes _____no

Have you ever had a teaching certificate denied, revoked, suspended or sanctions placed upon your certificate, in this state or any other?

____yes ____no

If yes, 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.

An AFFIRMATIVE ACTION / EQUAL COOPORTUNITY EMPLOYER