Kimberly School District #414

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

Application for a Certified Position

Name:			
Last	Firs	st	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 ph	one number of a person who we	ould know	how to contact you:
Name:			_ Phone: ()
U	n(s) for which you are applying	1)	
or are interested in (certification required):	2)	
		·	
Please list any extracurricular activities:		1)	
		2)	
Procedures: Filing an application	ation includes:		
1) Letter of intr			
2) Completed a 3) Resume – To	pplication form.		
-	list of references.		
o Certifica			
 Work hi Education 	•		
		on employr	nent, to document with SDE Form B-6 the
number	of years taught in other school dis		verification needs to be officially signed by
previou	s district personnel.	W are real	ired. Those seeking Alternative Authorization
	your plan for obtaining certification		ared. Those seeking Alternative Authorization
Upon the accept	tance of a contract, the applicant m	nust provid	e a complete official transcript of credits, and will
	successfully pass a drug testing and		
			race, color, ancestry, age, exceptionality, y, or family or political relationship.
	be given to eligible veterans pursua		
 This is not a correct 	ntract for employment. Final hiring	is the Boar	d of Trustee's prerogative.
	cuments become the property of Scl ess all items are addressed.	hool Distric	t #414 upon receipt. Applications are not

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 <u>Idaho</u> 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

tickets) _____ 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