

POTLATCH SCHOOL DISTRICT NO. 285

130 Sixth Street
Potlatch, ID 83855-8757
208-875-0327 or (fax)208-875-2560

APPLICATION FOR A CERTIFICATED POSITION

(This District is an equal opportunity employer)

1. Please submit an application form to the address printed in the space below. Since your application will be separated from other papers at some stages of the process, please complete in detail. If additional space is needed, please use a supplemental sheet. Incomplete forms will not be considered.
2. You are invited to tell of achievements in a letter of application, you may attach selected supportive material with your cover letter if you wish.
3. Please provide your personal resume, three (3) letters of recommendation, and transcripts to the address below.
4. Applicants are asked not to contact the Board of Trustees or Screening Committee except as they may be requested to do so.

PERSONAL INFORMATION

Last Name	First	Middle
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Present Position	Home Phone	Cell Phone
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Work Address	Home Address
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City	Zip	City	Zip
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Email Address

Type of Organization or School District where presently employed

PLEASE SUBMIT TO:
Personnel
Potlatch School District No. 285
130 Sixth Street
Potlatch, ID 83855-8757

CERTIFICATION

Applicable Certification (*please attach a copy of this document*) State (s)

(IMPORTANT: All questions must be answered. If answer is yes, use extra sheet and explain fully.)

- A. Have you ever had a diploma, credential or certification denied, revoked or suspended? Yes_____ No _____
 - B. Have you ever failed or refused to fulfill a contract of employment entered into by you with any school district? Yes_____ No_____
 - C. Have you ever been dismissed from any teaching position? Yes_____ No_____
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EMPLOYMENT HISTORY (Please begin with your most recent experience first)

Please furnish all requested information ON THIS FORM.

The following is a complete list of all employment as an Educator. Yes _____ No _____

Name and Location Of Different Schools	From Month/Year	To Month/Year	Assignments – Positions Held/Duties Performed

(Please continue on a supplemental sheet)

Other Employment:	Employer & Address	Dates

(Please continue on a supplemental sheet)

EDUCATION (Include High School, College, University and Summer Schools)

Name & Location of Institutions Attended	Period(s) Attended	Date of Graduation	Total Semester Hrs.	Major/Minor	Degree Diploma

(Please continue on a supplemental sheet)

REFERENCES

Please list the names of four or more persons who know of your professional work and qualifications.

Name	Position	Address	Telephone

I am currently under contract for the coming school year. Yes _____ No _____

I will be able to indicate acceptance of a contract, if offered, by _____
(Date)

Notice: Employment will be based on the following procedures unless otherwise noted on vacancy listing:

1. Preliminary Screening of applicants will be based on ability to meet job description requirements as evidenced by completed application and transcripts. Supportive job-related information not on this form or in credentials may be submitted by the applicant.
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.
4. A Recommendation will be submitted to the Board of Trustees.
5. Notification of Employment will be sent to the candidate.

I solemnly understand that: (1) Any contract issued is conditioned upon having an Idaho certification valid for the period of service covered by the contract and (2) any false statement made in this application shall constitute grounds for voiding any contract issued at the discretion of the Board.

Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize School Districts, Institutions of Higher Learning and individuals employed by the same with knowledge of my professional and personal qualifications to furnish to Potlatch School District No. 285 any and all information regarding me in order that authorities of said District may determine my suitability for the position for which I have applied.

I authorize authorities of Potlatch School District No. 285 to make inquiry of my present and past employers and/or professional associates regarding my character, integrity and reputation. Exceptions, if any, are _____

Signed _____ Date _____

VETERAN STATUS

Please circle the appropriate response below

I (am, am not) claiming veteran's preference as per Idaho Code 65-305. Initial _____ Date _____

I (have, have not) previously claimed such preference. Initial _____ Date _____