

POTLATCH SCHOOL DISTRICT NO. 285

130 Sixth Street
Potlatch, ID 83855-8757

Phone (208) 875-0327
Fax (208) 875-2560

APPLICATION FOR APPOINTMENT AS SECONDARY PRINCIPAL

(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 full detail. If additional space is needed, please use a supplemental sheet to complete information. Incomplete forms will not be considered.
2. You are invited to tell of your achievements in a letter of application. You may attach selected supportive material with your cover letter if you wish.
3. Please provide the District with your Letter of Interest, Personal Resume, and three (3) letters of recommendation. Please provide a copy of your college transcripts - official or unofficial - in the application packet as well.
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	Business Phone	Home Phone
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Business Address	Home Address
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City	Zip	City	Zip
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Type of Organization or School District where presently employed

Applicable Certification	State (s)
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E-Mail Address

PLEASE SUBMIT TO: Personnel
Potlatch School District No. 285
130 Sixth Street
Potlatch, ID 83855-8757
Or e-mail file to jcirka@psd285.org

PROVIDE AN ATTACHMENT ADDRESSING THE FOLLOWING ISSUES:

Personal Data: Please provide any personal data that you think will be of assistance in evaluating your application.

Leadership and Community: (Activities)
Please include your comments concerning leadership and community activity involvements.

Attitudes: Briefly describe yourself as an administrator and give your primary reasons for your interest in this position.

CERTIFICATION

I hold a current Administrator's Certificate endorsed for the following:

Yes _____ No _____

(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 or administrative position? Yes _____ No _____

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 as a school administrator.

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)

Procedure for the Hiring Process:

1. Preliminary screening of applicants.
2. Reference checks/calls will be made.
3. Additional data, if needed, will be requested.
4. Finalists will be contacted and interview dates will be scheduled.
5. Interview date will include district tour, informal interviews with sub-committees, and formal interview with hiring committee (plan for 3 hours).
6. Candidate of choice will be contacted and recommended for position. If position is accepted, the Superintendent will recommend candidate to the Board of Trustees.

I solemnly understand that: (1) Any contract issued is conditioned upon having an Idaho Administrator's Certificate, 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 _____