

CHALLIS JOINT SCHOOL DISTRICT #181
P.O. BOX 304 CHALLIS, IDAHO 83226 (208)879-4231

PROFESSIONAL EMPLOYMENT APPLICATION
(Please Print or Type)

NAME: _____
Last First M.I.

CURRENT ADDRESS _____ ALTERNATE ADDRESS _____
Number or P.O. Box Street Apt. Number or P.O. Box Street Apt.

City State Zip City State Zip

TELEPHONE ALTERNATE TELEPHONE ALTERNATE TELEPHONE

E-MAIL ADDRESS: _____ MONITORED: ☐ DAILY ☐ WEEKLY ☐ OCCASIONALLY

POSITION APPLIED FOR: _____ BEGINNING: _____

.....
CERTIFICATION

CURRENT IDAHO CERTIFICATE(S) AND ENDORSEMENT(S): _____

OTHER STATE CERTIFICATE(S) AND ENDORSEMENT(S): _____

☐ COMPLETED IDAHO TECHNOLOGY CERTIFICATE ☐ COMPLETED IDAHO COMPREHENSIVE LITERACY COURSE (K-8)

.....
EXPERIENCE (Please list all employment, including Student Teaching, during the past 5 years, at least, starting with most recent)

<u>POSITION</u> Include Grade Level, Subject, etc.	<u>SCHOOL DISTRICT OR EMPLOYER</u> Include City, State	<u>PHONE NUMBER</u>	<u>DATES</u> From To	<u>MAY WE CONTACT?</u>
_____	_____	_____	_____	☐ YES ☐ NO
_____	_____	_____	_____	☐ YES ☐ NO
_____	_____	_____	_____	☐ YES ☐ NO
_____	_____	_____	_____	☐ YES ☐ NO
_____	_____	_____	_____	☐ YES ☐ NO

EDUCATION (Please list all activity after high school, starting with most recent)

<u>COLLEGE OR UNIVERSITY</u> Include City, State	<u>DATES</u> From To	<u># OF CREDITS</u> Semester or Quarter	<u>GPA</u>	<u>MAJOR(S)</u>	<u>MINOR(S)</u>	<u>DEGREE & DATE</u>

REFERENCES (May be omitted if at least 3 letters of recommendation are being forwarded)

<u>NAME</u>	<u>POSITION</u>	<u>TELEPHONE</u>	<u>E-MAIL</u> if available	<u>TYPE OF REFERENCE</u> Employer, Teacher, Personal

SIGNATURE

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever had a diploma, credential, or professional certificate revoked or suspended? | ☐ YES | ☐ NO |
| 2. Have you ever failed to complete the terms of a professional contract? | ☐ YES | ☐ NO |
| 3. Have you ever been convicted of a felony? | ☐ YES | ☐ NO |
| 4. Are you a military veteran? | ☐ YES | ☐ NO |
| 5. Is anyone living at your same address required to register for the Sex Offender Registry? | ☐ YES | ☐ NO |
- (For any "YES" answers, attach a separate page with details)

I certify that the information herein is true, complete, and correct, to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on the application may result in my dismissal. I authorize Challis School District to make inquiry of my present and past employers and/or professional associates regarding my character, integrity, and reputation, with the following exceptions:

_____ SIGNATURE	_____ DATE
--------------------	---------------

Challis Joint School District #181 is an Equal Opportunity Employer, committed to a policy of non-discrimination in relation to race, religion, gender, age, national origin, handicap, and other human differences.