

Genesee Joint School District No 282
PO Box 98
Genesee, ID 83823

APPLICATION FOR EMPLOYMENT
CERTIFICATED PERSONNEL APPLICATION

APPLICATIONS FROM ALL QUALIFIED INDIVIDUALS WILL BE CONSIDERED ONLY IF ALL QUESTIONS ARE ANSWERED AND ALL SECTIONS ARE COMPLETED. A placement file, personal resume, copies of all transcripts, a copy of current certificate and a signed authorization for release of information from prior employed school district are required to complete this application. Selected applicants will be called for personal interviews which are required before hiring.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone No: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Date Available: _____ Social Security No: _____ Date of Birth: _____
*Disclosure of Social Security Number and Date of Birth are optional

STATE POSITION(S) DESIRED, IN ORDER OF PREFERENCE:

I have teaching experience in the following grade/subject levels: (if none, please list student teaching)

Please list any activities you are able to direct, coach, or assist. (i.e. drama, yearbook, basketball, etc.)

CERTIFICATION: YES NO
Do you have a valid Teaching Certificate? Name of State Certificate issued by: _____

Name of Certificate: _____ Expiration Date: _____

THE GENESEE JOINT SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. The Genesee Joint School District No 282 provides a hiring preference for qualified veterans and their spouses for all positions except "key employees". Further information can be found on our website.

HIGHLY QUALIFIED STATUS:

Applicants must have HQT status under NCLB. Date HQT status was achieved: _____

How was HQT status achieved?

___ HOUSSE, list District and State where HQT status was achieved: _____

___ Praxis, list all PRAXIS exams and your scores: _____

___ Other method of HQT status, (eg. National Board Certified).

List subject and expiration date: _____

Please submit a photocopy of your current certificate (regardless of issuing state), PRAXIS exam scores, and/or NBPTS certificate with this application.

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you been fingerprinted by the SDE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:	_____	

CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRY CHECKS ARE REQUIRED FOR EMPLOYMENT

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Previous Employment:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list at least (3) current references capable of assessing your ability to perform the work for which you are applying.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

WRITE ONE PARAGRAPH each for the three (3) of the following (6) questions in accordance with your personal philosophy of education. (Use additional sheets of paper and attach to application).

1. What would a visitor to your classroom observe to indicate that the instructional program is meeting the needs of the individual students?
2. Given the choice, how and what would you report to parents about pupil progress?
3. How do children learn?
4. How would you manage your classroom and/or describe your general discipline procedures?
5. How would you arrange children for the learning process? What grouping procedures would you employ?
6. How do you know when children are learning?

Items to be included with this application

1. Letter of application
2. Resume
3. Copy of Certificate (original certificate will be required upon acceptance of position.)
4. Unofficial Transcripts and PRAXIS exam scores (official transcripts will be required upon acceptance of position.)
5. Placement file or three current letters of recommendation.

Disclaimer and Signature

APPLICANT'S CERTIFICATE AND RELEASE Read Carefully Before Signing THIS APPLICATION IS NOT A CONTRACT OF PERMANENT EMPLOYMENT AND CANNOT CREATE ANY SUCH CONTRACT. I UNDERSTAND THAT IF EMPLOYED BY THE SCHOOL DISTRICT, I AGREE TO ABIDE BY ITS POLICIES, RULES, AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, THOSE CONTAINED IN THE GSD POLICY MANUAL AND THE GEA MASTER AGREEMENT.

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for subsequent dismissal if I am hired. I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them blameless and free of liability for releasing any truthful information that is within their knowledge or records. Indicate by number any of the above employers whom you do not wish us to contact (school districts excluded): _____. This District is also hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment or application.

Signature: _____ Date: _____