

# SODA SPRINGS JT. SCHOOL DISTRICT NO. 150

250 EAST 2<sup>ND</sup> SOUTH • SODA SPRINGS, ID 83276

Telephone: (208) 547-3371 Fax: (208) 574-4878

## APPLICATION FOR CERTIFIED POSITION

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.*

### PERSONAL

Social Security Number \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Initial

Current Address \_\_\_\_\_  
Number & Street Box City State Zip

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number & Street Box City State Zip

E-mail Address \_\_\_\_\_

### EMPLOYMENT INFORMATION

Position for which you are applying: \_\_\_\_\_

Date available for employment: \_\_\_\_\_

Do you hold a valid Idaho Certificate for the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the Idaho Reading Endorsement? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged or convicted of a felony? *(will it show up on a background check)* Yes \_\_\_\_\_ No \_\_\_\_\_

*If "Yes", please explain by confidential letter*

You must disclose chares and convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. it was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The charge or conviction was later dismissed, set aside or the sentence was suspended.

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

*If "Yes", answer next question*

Do you wish to claim Veterans' Preference Yes \_\_\_\_\_ No \_\_\_\_\_

*If "Yes", a copy of your DD214 must be included with your application and a Veterans' Preference form filled out.*

### EDUCATIONAL INFORMATION

*Please list all dates a month/year. Please list earliest degree first*

College or University: \_\_\_\_\_ Location \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

College or University: \_\_\_\_\_ Location \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

College or University: \_\_\_\_\_ Location \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

College or University: \_\_\_\_\_ Location \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### EDUCATIONAL EMPLOYMENT

*List most recent experience first (please include student teaching/intern experience)*

School District: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Number of years: \_\_\_\_\_

Reasons for leaving or wishing to leave:

Supervisor: \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

School District: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Number of years: \_\_\_\_\_

Reasons for leaving or wishing to leave:

Supervisor: \_\_\_\_\_ May we contact this employer? Yes\_\_\_ No\_\_\_

School District: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Number of years: \_\_\_\_\_

Reasons for leaving or wishing to leave:

Supervisor: \_\_\_\_\_ May we contact this employer? Yes\_\_\_ No\_\_\_

School District: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_ Number of years: \_\_\_\_\_

Reasons for leaving or wishing to leave:

Supervisor: \_\_\_\_\_ May we contact this employer? Yes\_\_\_ No\_\_\_

**OTHER EMPLOYMENT**

Beginning Mo/Yr	Ending Mo/Yr	Type of Work or Position Title	Employer/Address	Supervisor/Phone

**REFERENCES**

*Give three (3) current references capable of assessing your ability to perform the work for which you are applying. Include the names of superintendents, principals, and student teaching/intern supervisors (under whom you have taught and for whom you have worked who have first-hand knowledge of your teaching ability, character, personality, and scholarship.*

Name	Address (Street, City, State, Zip)	Official Position	Telephone Number

## EMPLOYEE ATTRIBUTES

*In the space provided below, please write or type an explanation, not to exceed 250 words, of your major strengths as they apply to the position for which you are making application.*

***Important: Salary placement for new employees determined by an EXACT set of criteria set forth by the Idaho Department of Education and the Soda Springs School District. Until official transcripts and the Department of Idaho Teaching Certification are received, verified and calculated, no salary placement or salary amount can be accurately quoted.***

I hereby authorize Soda Springs Jt. School District #150 to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representative for seeking, gathering, and using such information to make employment decisions and all other person or organizations for providing such information.

I understand that Soda Springs Jt. School District #150 consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment, if I am employed, whenever it may be discovered.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if I am hired, that in accordance with Idaho Code, Section 33-130 as amended, employees must be fingerprinted for the State Department of Education and that the cost of \$40 will be born by the applicant.

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Signature of Applicant

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Date