Kamiah Joint School District No. 304

1102 Hill Street Kamiah, ID 83536

Phone: (208) 935-2991 Fax: (208) 935-4005

tlynde@kamiah.org

CERTIFICATED APPLICATION

Thank you for your recent inquiry about employment in the Kamiah School District. Please read the following information which will enable you to complete the application process.

Key materials considered necessary to have on file in the Personnel Department for initial consideration for any available positions include the following:

- (1) Letter of Inquiry
- (2) Completed Application Form
- (3) Current Resume
- (4) Transcripts from all Colleges/Universities
- (5) Copy of your Idaho Administrative Certificate or evidence that you can qualify for an Idaho Certificate

Purging of all applicant files occurs one year from the date the intimal application was received. If you would like your file to remain active, you must notify the Personnel Department prior to the end of one year.

Position (s) Applying for) Applying for Date of Application						
Name							
(Last) Mailing Address			`	First)			(Mid
City	State				Zip		
Residence Address							_
City	S	state		Zip			_
Telephone ()	So	ocial Secu	ırity Numb	oer			<u>-</u>
EDUCATIO	NIAT ANID I	DDAFES	CIONAL	TD A ININIC			
EDUCATION EDUCATION Please list, in order of attendance,							
Name and location of institution	From: Mo/Yr	To: Mo/Yr	Semester Hrs*	Degree/Date	Major	Minor]
High School			N/A				_
Undergraduate College Work							=
							=
Graduate College Work							
*Multiply quarter	•	•	-	semester hours.			
Are you certified in the State of Idah If yes, type of certificate(s)							
Endorsements Date Certificate(s) Expire							
Are you eligible for Idaho Certificati	ion? Yes _	No)				
[Call Idaho Departn	ment of Educa	ation, Cert	ification, to	Check (208) 33	32-6880.]		
What date did you receive your Initia	al Teaching (Certificate	(and state)?				

We Are An Equal Opportunity Employer & Provider

pers	The following questions are designed to help the Screening Committee begin to know you as a person and as a professional. Your concise and candid responses are very important to us. Please answer in the space provided.						
1.	Wh	y did you become an Educator and why did you choose your particular field?					
2.	Wh	at do you consider to be your major strengths as an educator?					
3.	Ideı	ntify activities that you have directed or coached (or those you feel qualified to direct or coach).					
4.	List	any professional or academic honors, awards, publications or other evidence or professional					
		ognition which you have received:					
Year		Professional or Academic Honors, Awards, Publications Professional Recognition					

5. List names, positions, and addresses of any present or former supervisors or colleagues who are qualified to speak authoritatively about your professional abilities and achievements, and whom you have asked to serve as a reference on your behalf.

Please list both a work and a home telephone number.

Name	Name Position Address		Telephone Number
			Work:
			Home:
			Work:
			Home:
			Work:
			Home:
			Work:
			Home:

EDUCATIONAL EMPLOYMENT

Beginning Mo/Yr	Ending Mo/YR	Name and Address of School	Position Held/ Grade Taught	Supervisor/Title/ Phone	Reason for Leaving
1110/ 11	1/10/ 111		Grade Taught	1 110110	

STUDENT TEACHING

Beginning	Ending	Grade Level/Subject	Name and Address of School	Name/Phone# of	Name/Phone# of College/
Mo/Yr	Mo/Yr			Supervising Teacher	University Supervisor

OTHER EMPLOYMENT (In Chronological Order)

Inclusive Dates	Type of Work or Position Title	Employer/Address	Supervisor/Phone
L	1	-L	l

BACKGROUND CHECK INFORMATION

The following informati	on will be kept confidential:				
Have you ever been disr fully on a separate sheet	missed or asked to resign from of paper.	any position? Yes	No	If yes, please	explain
Have you ever been character of paper.	rged or convicted of a felony?	Yes No	If yes, ple	ase explain fully	on a separate
	ame address as you required to on a separate sheet of paper.	o register on the Sex	Offender Reg	gistry? Yes	No If
	Signature			Date	
	-				
	AUTHORIZATION FO	OR RELEASE OF	INFORMAT	ΓΙΟΝ	
	FO	R EMPLOYEES			
I authorize authorities o	f Kamiah Joint School Distric	t No. 304, Kamiah,	Idaho, to ma	ke inquiries of n	ny present and past
employers and/or profes	sional associates regarding my	y character, integrity	y, and reputati	on. Exceptions,	if any, are:
Signature		Date			