

Date Application Received _____
 This application will be destroyed one year from this date
 unless written notification is received from the applicant.

FRUITLAND SCHOOL DISTRICT #373

Application for
 Certified Position

Fruitland School District #373 is an equal opportunity employer/educator with a drug, alcohol and tobacco free environment. Discrimination based on race, color, religion, sex, age, disability, national origin, financial ability, parental status or marital status does not exist in the District. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization. Questions or complaints should be addressed to the District Office.

PERSONAL INFORMATION					Section 1
First Name (Legal)	Middle Name(Legal)	Last Name (Legal)		Other Last Names	
Street Address		City	State	Zip	
Home Phone Number/Cell Phone	Social Security Number	E-mail Address			
Name of Person to Contact if You Are Unavailable			Contact Person's Phone Number		
Position Desired:					

EMPLOYMENT HISTORY								Section 2			
List all positions held six (6) months or more. Begin with last position. Are you presently under contract in another school district? Yes No Date Available _____								Please check appropriate boxes.			
Total contract experience: _____											
	Service		Position Grade/ Subject	Street Address			Principal/Supervisor Current Work/Home Phone Number	Full Time List %	Part Time List %	Sub stitute	Private School
	Month	Year		City	State	Zip					
FROM											
TO											
FROM											
TO											
FROM											
TO											

PROFESSIONAL REFERENCES

Section 3

(List at least four current references capable of assessing your ability to perform the work for which you are applying. Include the names of superintendents or administrators with whom you have worked.)

Name	Title	Address	City/State/Zip	Current Phone #

CERTIFICATION (Please Enclose Copy)

Section 4

Elementary Secondary Other

Endorsement	Expiration Date	Endorsement	Expiration Date
Endorsement	Expiration Date	Endorsement	Expiration Date
Passed the Praxis Exam? Yes or No Date Taken: Test #: Score:	Are you considered HQT as defined by Idaho SDE in your areas of endorsement? Yes or No, please define which area is not HQT		Literacy Certificate? Yes or No National Board Certified? Yes or No

EDUCATION

List all college and university preparation

Section 5

Colleges/Universities City, State	From - To Dates	Major	Semester Hours	Minor	Semester Hours	List Type and Date of Degree

STUDENT TEACHING EXPERIENCE

Section 6

If you have one or more years of teaching experience, you may omit this section

From	To	Grade Level or Subject(s) Taught	Name and School Address of Cooperating Teacher	Phone Contact #
			Building Administrator(s)	Phone Contact #
			Name and School Address of Cooperating Teacher	Phone Contact #
			Building Administrator(s)	Phone Contact #

STATUS- CHECK ONE

	Completed
	In Progress
	Not Started

ACTIVITIES

Section 7

CO-CURRICULAR AND/OR ATHLETIC ACTIVITIES YOU WOULD BE WILLING TO LEAD (Example: yearbook, newspaper, pep club, cheerleading, student council, honor society, sports programs.)

List areas of interest in which you have experience:

1. _____
2. _____
3. _____
4. _____
5. _____

List personal interests and activities:

1. _____
2. _____
3. _____

List professional growth activities, staff development, workshops, classes, and computer expertise relevant to this position:

1. _____

2. _____

3. _____

List the professional committees and task forces and the role in which you served.

1. _____
2. _____
3. _____

List any additional information supporting your candidacy for this position.

1. _____
2. _____
3. _____
4. _____

NARRATIVE

Section 8

Please answer the following questions in accordance with your personal philosophy of education.

1. What would a visitor to your classroom observe to indicate that your instruction is meeting the needs of individual students?

2. What do you think is the single most important issue for the classroom teacher at this time? What suggestions do you have to overcome this?

3. Compose a short paragraph stating what you believe to be one or two of the more important functions of the particular position for which you are applying?

5. Please tell us how you heard about the Fruitland School District. Please check those that apply.

- Newspaper
- District Office posting
- FSD Web Site
- University Career Fair/Posting at _____
- Other _____

CRIMINAL HISTORY BACKGROUND STATEMENT

PLEASE PRINT

State	Driver License Number	Last Name-Legal	First Name-Legal	Middle Init	Date of Birth	Sex	Social Security Number
Street Address		City	State	Zip	Home/Cell Phone Numbers		

List maiden/other names previously used _____

List other states where you have resided as an adult (above 18 years of age) _____

YOU MUST CHECK YES OR NO TO EACH QUESTION BELOW

1. Are you able to perform the essential tasks of the job for which you are applying? Yes No
2. Have you ever been charged with an offense other than a minor traffic violation/infraction? Yes No
3. Have you ever received any conviction for DUI or DWI? Yes No
4. Have you ever been charged with a felony? Yes No
5. Have you ever been charged with, convicted, received withheld judgment or pled to any sex-related charge? Yes No
6. Have you ever been charged with, convicted, received withheld judgment or pled to a drug-related offense? Yes No
7. Have you ever been charged with, convicted, received withheld judgment or pled to an act of violence, including domestic violence? Yes No
8. Has your professional license ever been revoked, suspended or placed on conditions? Yes No
9. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed agreement? Yes No
10. Have you ever been the subject of an investigation by a school district or any other employer? Yes No
11. Have you ever had sanctions placed on your teaching certificate for any reason? Yes No
12. Have you ever been denied a teaching certificate anywhere? Yes No
13. Is disciplinary action currently pending anywhere against your certificate? Yes No
14. Is anyone living at the same address as applicant required to register for the Sex Offender Registry? Yes No

If you have answered "yes" to any of the above questions, please explain:

Please Note: All applicants must sign below

I hereby certify that this application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

The Immigration and Reform Act of 1986 requires the District to verify that all new employees are eligible to work in the United States. Upon employment with the District an individual will be required to provide appropriate documentation of both employment authorization and individual identity **within the first three days of employment.** This verification is a condition of employment.

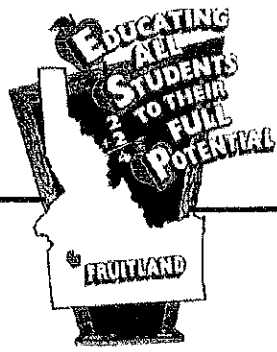
As part of my application for employment, I hereby consent to and authorize the release of any and all information to Fruitland School District, which may be considered in evaluating my qualifications for employment.

Date _____ Signature of Applicant _____

Office Use

Lobby Guard Checked by _____ *Date Checked* _____

Idaho Repository Checked by _____ *Date Checked* _____



SCHOOL DISTRICT #373
Payette County

P.O. Box A ♦ Fruitland, Idaho 83619 ♦ Phone: (208) 452-3595 ♦ Fax: (208) 452-6430

Board of Trustees
Kelly Henggeler, Chairman
Diane O'Dell, Vice-Chairman
Matt Frye
Debbie Hurrle
Shane Lloyd

Teresa Fabricius
Superintendent
Tamra L. Taucer
Business Manager/Clerk

The Idaho Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Idaho's school children. Idaho Code 33-1210 requires all Idaho School District employers to obtain past school district job performance and/or job related conduct, if any, of the applicant and making available to the hiring school district copies of all documents in the previous employer's personnel, investigative or other files relating to the job performance by the applicant.

If you are an out of state former employer and you have a particular statutory reason as to why you cannot provide the information requested, please notify me of the reason.

Enclosed please find a copy of the signed Authorization Notice for Release of Information for _____ an applicant for employment with Fruitland School District #373. In accordance with the statute, we request receipt of this information within twenty (20) business days after receipt of this request. This information may be sent either in writing or in electronic format. Please send the information to:

Fruitland School District #373
Wendy Plaza, Payroll Clerk
P.O. Box A
Fruitland, ID 83619
wplaza@fruitlandschools.org

Please return the following information:

Completed Verification of Service Request
 Job Performance Records

Thank you in advance for taking the time to complete the request. If you should have any questions relating to this statute and request, please contact me.

Sincerely,
Wendy Plaza
Payroll Clerk
Fruitland School District #373

Authorization Notice for Release of Information

I wish to be considered for employment with the Fruitland School District #373. I understand that as a part of the application process, the School District is required by Idaho Code 33-1210 to request that the applicant sign a release statement authorizing the applicant's current and past employers, including employers outside the State of Idaho, to release to the school district all information relating to the job performance and/or job related conduct, if any, of the applicant and making available to the hiring school district copies of all documents in the previous employer's personnel, investigative or other files relating to the job performance by the applicant.

I also understand that Idaho Code 33-1210 (b) releases the applicant's current and past employers, and employees acting on behalf of that employer, from any liability for providing information described in paragraph (a) of this subsection, as provided in subsection (4) of this section. A school district shall not hire an applicant who does not sign the statement described in subsection (2) of this section.

In addition, the school district or the employee acting on behalf of the school district, who in good faith discloses information under this section either in writing, printed material, electronic material or orally is immune from civil liability for the disclosure. An employer is presumed to be acting in good faith at the time of the disclosure under this section unless the evidence establishes one (1) or more of the following (a) that the employer knew the information disclosed was false or misleading; (b) that the employer disclosed the information with reckless disregard for the truth; (c) that the disclosure was specifically prohibited by a state or federal statute. Information received pursuant to this section shall be used by a school district only for the purpose of evaluating an applicant's qualifications for employment in the position for which he or she has applied. Except as otherwise provided by law, a board member or employee of a school district shall not disclose the information to any person, other than the applicant, who is not directly involved in the process of evaluating the applicant's qualifications for employment. A person who violates the provisions of this subsection may be civilly liable for damages caused by such violation.

I _____ agree to all of the terms above.
Printed Name of Applicant

Signature of Applicant

FRUITLAND SCHOOL DISTRICT #373

401 Iowa Avenue
P.O. Box A
Fruitland, Idaho 83619
Phone (208) 452-3595 / Fax (208) 452-6430

PROFESSIONAL EXPERIENCE VERIFICATION SUMMARY

Employee Section—Complete the top portion, sign, date, and mail to former school district(s)

I hereby authorize the _____ School District (current/former employer) to respond to any request for information that the Fruitland School District seeks to verify my work experience, performance, character or skills as it relates to my application for employment with the District.

Print Name

Social Security Number

Signature

Date

In order to verify the employment experience of the certified person named above, we would appreciate your filling out the following information. Please do not include substitute teaching or less than .5 FTE.

This is to certify that _____ was a _____ for the period named.
(employee's name) (position held)

CERTIFIED EXPERIENCE FROM	CERTIFIED EXPERIENCE TO	POSITION HELD	F.T.E

1. Would you rehire this person if a vacancy existed in your district? _____ Yes _____ No

If no, please explain _____

2. Please state any extenuating circumstances concerning separation of employment if applicable:

Comments: _____

Please contact for more information. _____ Yes _____ No

Verified By (Signature)

Date

Title

School District

Please return completed form to the Fruitland School District @ (208)452-6430