

APPLICATION

for a certificated position in the Blackfoot School District No. 55
270 East Bridge Street, Blackfoot, ID 83221
District Office Telephone (208) 785-8800 FAX (208) 785-8809
An Equal Opportunity/Affirmative Action Employer

Name _____ Social Security Number _____
(last) (first) (middle)

Address _____ Phone _____
(street) (city) (state) (zip)

Email Address _____ Cell Phone _____

Are you claiming Veterans' Preference according to Idaho Code §§ 65-501? Yes No

If yes, please provide a copy of your Form DD214, and submit a completed Veterans' Preference Form with this application.

PERSONAL DATA

List those extracurricular activities which you feel competent to sponsor or direct

List those extracurricular activities which you have sponsored or directed

On a separate sheet of paper, 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. If you will be pursuing an alternate route to certification, include details on your plan for this process.

PROFESSIONAL INTEREST

State position desired in the school district

Number in Order of Preference

*1. _____

2. _____

3. _____

If you do not have a valid Idaho Certificate check here.

Title of Certificate: _____

Date Certificate was issued: _____

Date of INITIAL Certification: _____

*Primary position for which application is made.

Please provide a copy of your original teaching certificate with your application packet.

How did you hear about this vacancy? _____

EDUCATIONAL TRAINING (List in order of attendance)

College and/or University	Location	Dates Inclusive	Degree Earned and Date of Degree	Major	Minor

TEACHING AND JOB-RELATED EXPERIENCE

List most recent experience first - new teachers list student teaching. Include military, if assignment was teaching or instruction.

Name	Employer Location	Superintendent or Supervisor	Number of Years	Date From To	Position Held

REFERENCES

Please list at least 5 references. If you have had teaching experience, list superintendents and principals for whom you have taught. (most recent first)

Name	Title	Email Address	Personal Telephone No.	Year

Notice: Employment will be based on the following procedures unless otherwise noted on the vacancy listing:

1. Preliminary screening of applicants will be based on ability to meet job description requirements as evidenced by completed application, letters of recommendation, and transcripts. Supportive job-related information not on this form nor in credentials may be submitted by the applicant. (Application materials received at the district office more than 10 days after the application deadline will not be accepted.)

2. Additional data will be requested from the candidate or from reference after step one, such as letters of recommendation and other information as determined by the district office.

3. Finalists will be required to attend a personal interview.

4. A recommendation for employment will be submitted to the board of trustees.

5. Notification of employment will be sent to the candidate.

It is the candidate's responsibility to check on employment status. Notice of vacancy closings will be remitted to teacher placement centers and district postings only.

I hereby certify that the information herein is a true and complete statement of my personal and professional record to date.

Signature of Applicant

Date

Electronic signature is acceptable.

PRE-EMPLOYMENT APPLICANT INFORMATION

BLACKFOOT SCHOOL DISTRICT NO. 55

BLACKFOOT, IDAHO

An investigation will be conducted of all information listed on this pre-employment sheet.

Print plainly in white areas only. If any of the following needs further explanation or entry space, please use a separate sheet of paper.

Last		First		Middle	
Name in Full:					
Other names you have used:	Maiden	Aliases / Former Names		Nickname	
Date of Birth:					
Place of Birth:	City			State	
				Sex	M or F
Social Security Number					

DRIVER'S LICENSE:

Is your driver's license current?	Yes _____ No _____	In what State?		
Driver's License Number			License Expiration Date	
In what other states have you held a driver's license?				

PREVIOUS RESIDENCES (Go back 15 years. You only need to list City and State--not street address.):

City	State	When	City	State	When

List any time you were arrested or charged with any violation, including traffic, but excluding parking.	Date	Place	Dept	Charge	Results

Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character, or ability as a perspective employee of Blackfoot School District No. 55, Blackfoot, Idaho?

YES _____ NO _____ If yes and you would like to explain, please use a separate sheet of paper.

I hereby certify that the facts set forth in this pre-employment application are true and correct to the best of my knowledge. I understand that if I falsify statements on this pre-employment application, I may not be considered for employment.

Signature of Applicant _____ Date _____

For Official Use Only:	Favorable _____	Unfavorable _____	
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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any authorized representative of Blackfoot School District No. 55 bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military, or educational records including, but not limited to: academic, achievement, attendance, athletic, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Blackfoot School District No. 55. I hereby release you, as the custodian of such records, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal status or regulation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed)

Social Security Number: _____

Current Address: _____

Telephone Number: _____ Date: _____

BLACKFOOT SCHOOL DISTRICT NO. 55
270 East Bridge Street, Blackfoot, ID 83221
Web Site: www.d55.k12.id.us

Phone (208) 785-8800 Fax (208) 785-8809

Email: personnel@d55.k12.id.us

APPLICANT RELEASE AND AUTHORIZATION (BP 404.5F2)

I, _____, an applicant for a position with Blackfoot School District No. 55, in Blackfoot, Idaho request that _____ School District No. _____, located in _____, provide a copy of the documents relating to my job performance or job-related conduct in my personnel file to Blackfoot School District No. 55 within twenty (20) business days of the date of this request. Specifically, the following documents are requested to be released:

- All annual evaluations;
- Letters of reprimand or direction;
- Letters of commendation or award;
- Disciplinary actions and documentation of disciplinary investigations;
- Recommendations for probation, notices of probation, and notices of removal from probation;
- Recommendations for termination or nonrenewal;
- Notices of termination or nonrenewal;
- Notices from the Idaho professional standards commission or other similar state agency of action taken against an individual's certificate; and
- Any rebuttal documentation filed by the employee relative to any of the above documents.

Names of any student or fellow employee complainant, other than the employee's administrative evaluator or administrative author of communication to the employee, shall be redacted from such provided documentation.

I further authorize personnel from my prior school district employer to discuss my job performance with an identified representative of Blackfoot School District No. 55, where I am an applicant for a position.

I understand that by signing this release I am waiving my right to keep this information confidential. I certify that my consent for the release of this information is entirely voluntary. I release my current and past employers, and employees acting on behalf of that employer, from any liability for providing the information set forth above, or for discussing my job performance with representatives of Blackfoot School District No. 55.

I certify that I understand this consent to release can be revoked by me at any time in writing, but will not be effective for materials already released under it.

Applicant's Signature

Date

Applicant's Printed Name