

WHEN COMPLETED RETURN TO:  
Genesee Jt. School District #282  
P.O. Box 98 - Genesee, ID 83832  
Telephone: (208) 285-1161 - FAX: (208) 285-1495

**GENESEE JOINT SCHOOL DISTRICT #282  
CERTIFIED PERSONNEL APPLICATION**

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

*CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRY CHECKS  
ARE REQUIRED FOR EMPLOYMENT*

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
*(The disclosure of an applicant's social security number is optional)*  
Present Address: \_\_\_\_\_  
(Number, Street, AND P.O. Box, City, State, Zip)  
Emergency Notification: \_\_\_\_\_

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

\_\_\_\_\_

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

**CERTIFICATION:**  
Do you have a valid Teaching Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Name of State)  
Name of Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Endorsements: \_\_\_\_\_  
(BE SPECIFIC i.e. Kindergarten, 1-8, Life Science, Drama, etc.)

**HIGHLY QUALIFIED STATUS:**

*Applicants must have HQT status under NCLB.* Date HQT status achieved: \_\_\_\_\_

How was HQT status achieved?

\_\_\_ HOUSSE, list district and state where HQT status was achieved \_\_\_\_\_

\_\_\_ Praxis, list all PRAXIS exams and your scores: \_\_\_\_\_

\_\_\_ National Board Certification, 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.**

**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 about this preference may be obtained from the Clerk of the Board.

Have you worked for the Genesee Joint School District before? \_\_\_\_\_. If yes, give date(s) and your name as it appeared on our payroll records: \_\_\_\_\_

Does anyone living at the same residence as you register for the Sex Offender Registry? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

Have you ever been convicted, been given a suspended sentence or been given a withheld judgment in regard to a crime involving moral turpitude: \_\_\_\_\_.

If yes to either question, please explain: \_\_\_\_\_

(A yes answer will not necessarily bar you from employment)

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EDUCATION:	Name and Location	Dates		Hours (Sem or Qtr?)	Degree Earned and Date	G.P.A.
		From	To			
High School						
College and/or University						

Other: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEACHING AND JOB RELATED EXPERIENCE:** List most recent experience first. (Include military if assignment was teaching or instruction.) Supply all requested information, even though you have submitted a resume.

1	LIST ALL FORMER EMPLOYERS Beginning with the most recent	Position Held	Reason for Leaving	Time Employed	
				Mo./Yr. From	Mo./Yr. To
	Employer's Name			From	To
	City			SALARY	
	Phone Number			Starting	Leaving
	Supervisor's Name & Title			\$	\$

2	Employer's Name			From	To
	City			SALARY	
	Phone Number			Starting	Leaving
	Supervisor's Name & Title			\$	\$

3	Employer's Name			From	To
	City			SALARY	
	Phone Number			Starting	Leaving
	Supervisor's Name & Title			\$	\$

4	Employer's Name			From	To
	City			SALARY	
	Phone Number			Starting	Leaving
	Supervisor's Name & Title			\$	\$

5	Employer's Name			From	To
	City			SALARY	
	Phone Number			Starting	Leaving
	Supervisor's Name & Title			\$	\$

**IF YOU HAVE ADDITIONAL EXPERIENCE, PLEASE ATTACH TO APPLICATION.**

**REFERENCES:** Give at least three (3) current references capable of assessing your ability to perform work for which you are applying.

1. \_\_\_\_\_  
(Name) (Official Position)

\_\_\_\_\_  
(Address: Street, City, State, Zip Code) (Telephone)

2. \_\_\_\_\_  
(Name) (Official Position)

\_\_\_\_\_  
(Address: Street, City, State, Zip Code) (Telephone)

3. \_\_\_\_\_  
(Name) (Official Position)

\_\_\_\_\_  
(Address: Street, City, State, Zip Code) (Telephone)

Any other name under which recommendations may be listed? \_\_\_\_\_

**WRITE ONE PARAGRAPH** each for three (3) of the following six (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 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?

**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: \_\_\_\_\_. 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.

\_\_\_\_\_  
Date Signature of Applicant Date Signature of Witness