

Genesee Joint School District No. 282

P.O. Box 98 • Genesee, Idaho 83832

Phone (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, a copy of current certificate and a signed authorization for release of information from prior employed school district 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

(Last Name) (First Name) (Middle Initial)

Social Security Number _____ - _____ - _____ Telephone Number: () _____

(The disclosure of an applicant's social security number is optional)

Cell Number: () _____ Email Address: _____

Present Address: _____

(Number, Street, AND P.O. Box, City, State, Zip)

Emergency Contact Name: _____ Cell Number: () _____

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 _____ STATE: _____

(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: _____

_____ Other Method of HQT Status, (Example: National Board Certified)

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.

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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)

=====

EDUCATION:	Name and Location	Dates		Hours	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, yearbook, etc.)

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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.

	LIST ALL FORMER EMPLOYERS Beginning with the most recent	Position Held	Reason for Leaving	Time Employed	
				Mo. /Yr.	Mo./Yr.
1	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			\$	\$

NOTE: IF YOU HAVE ADDITIONAL EXPERIENCE, PLEASE ATTACH TO APPLICATION.

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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 (school districts excluded): _____. 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 Applicant

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AUTHORIZATION FOR RELEASE OF INFORMATION ON PAST EMPLOYMENT WITH SCHOOL EMPLOYERS IDAHO CODE 33-1210

Idaho Law requires Applicants for any position at any Idaho Public School to allow the hiring School District Employer to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance of the Applicant when such Applicant was employed by any other public school, whether in Idaho or any other state.

Before hiring an Applicant for any position, the District must request the Applicant sign this form. Should the Applicant refuse or fail to sign this form, the District is not permitted to hire the Applicant for any position. This authorization does not limit any employer from seeking additional information or disclosures from any Applicant.

This form:

1. Authorizes current and past public school employer of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to the hiring School District all information relating to the job performance and/or job related conduct of the Applicant and make available to the hiring School District copies of all documents in the previous employer's personnel file, investigative file or other files relating to the job performance of the Applicant; and
2. Releases the Applicant's/undersigned's current and past employers, and employees acting on behalf of the employer, from any liability for providing the above-mentioned information.

§ 33-1210 RELEASE:

I understand that the above requirements are a condition of my obtaining employment with the District and I consent to my current and former employers, both inside and outside the State of Idaho, upon receipt of this signed authorization, to comply with Idaho law. I further consent that such authorization may be provided to the hiring District via electronic means.

Signature of Applicant

Date

Printed Name of Applicant

Identifying Employee Number/Name of Applicant or other Identifying
Information for Past Employer

*Information obtained through the use of this Release will be used only for the purpose of evaluating the qualifications of the Applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.

IHSAA 1A SCHOOL OF EXCELLENCE