501 Western Ave. PO Box 267 Silverton, ID 83867 P: (208) 753-4515 F: (208) 545-1267

New Certified Application Checklist

If you are interested in applying with the Wallace School District No. 393 please complete and return the following:

Certified Application Requirements

The Items below must be completed before your application will be considered for an interview.

Certified Application for Employment (may be mailed, emailed, or delivered):

Wallace School District No. 393 501 Western Ave. PO Box 267 Silverton, ID 83867

Email to: cleetch@wsd393.org

Resume: Please include related education, training, and work experience

Three (3) Letters of Recommendation

Copy of Transcripts: You must provide transcripts that list all classes taken and grades received for each institution you've attended. For the purpose of the initial interview only, a copy of the transcript from your university/college will suffice, if classes and grades for all other institutions are listed. However, official transcripts from all institutions are required upon employment.

Copy of Current Teaching Certificate: Please provide a copy of your current TeachingCertificate, unless you have recently graduated, and it is in process.

Proof of Highly Qualified Teacher Status

Fingerprint packet

Authorization for Release of Information on Past Employment with School Employers Idaho Code 33-1210 (attached to Application)

If you are selected for employment with Wallace School District No. 393, you will be required to undergo a Background Records Check, including submiss of fingerprints to the State Department of Education and Federal Bureau of Investigation (FBI). Applicant is responsible for paying the fee that must accompany the fingerprint card to the State Department of Education.

Applicant files are kept for one year after the date of submission. To keep your file active you must complete and return an updated letter at the beginning of every calendar year.

Thank you for your interest in Wallace School District No. 393. Should you have any questions, please contact the District Office at (208) 753-4515.

Business Manager/ District Clerk

Beatrice Conley

REVIEWED 07/23

CERTIFIED APPLICATION FOR EMPLOYMENT WALLACE SCHOOL DISTRICT NO. 393

Complete and return to:			Web Page: http://www.wsd393.org					
Wallace School District No. 393					<u> </u>			
501 Western Ave., PO Box 267					Application Date:			
Silverton, ID 83867								
P: (208) 753-4515				Date R	eceived in Dist	rict Office:		
F: (208) -		Date III	2001704 111 2130					
			PERSONAL					
Last Name First Name								
East Name This Name			imade Name					
Other Last Names Used (Incl	uding Maiden Nam	e)			<u> </u>			
Address				Home	Phone	Cell Phone		
				()		()	()	
City	City State		Zip Code		ess Phone	s Phone Message		
				()	()		
Has Applicant ever applied for	or employment with	n SWallace Schoo	ol District No. 393?	E-Mail	Address:			
Yes No If Yes: Mo	onth Year	Loc	ation					
Certified position(s) applying	for:		e Applicant will be	Driver's License No.				
		avai	lable to begin work:					
				State:		Date Issu	ed:	
				State.		Date 133u	eu.	
Is Applicant legally eligible fo	or employment in th	e United States?	Yes	No				
			EDUCATION					
INCLUDE EDUCA	ATION IN HIGH S	CHOOL, COLL	EGE, UNIVERSITY A	ND AT O	THER INSTITUT	TIONS FOR V	VHICH	
			T WAS RECEIVED. (L	LIST MOS	T RECENT FIRS	ST)		
		-	gree and Date of College Degree		Semester	Major	Minor	
Attended (do not I		(do not list n	igh school graduation)		Credits			
		ENDOR	SEMENTS (LIST	ALL)				
ENDORSEMENT	ISSUED BY	WHICH STATE	DATE ISSUED		DATE EXPIRES	Initial Co	ertification Date	
ENDORSEMENT	ISSUED BY	WHICH STATE	DATE ISSUED		DATE EXPIRES	Initial Co.	rtification State	
2.1.2.0.1.0.2.1.1.2.1.1	1.00012 2.		27.11.2.100022		27.1.2 27.1 11.20	initial Cel	tilication State	
ENDORSEMENT	ISSUED BY	WHICH STATE	DATE ISSUED		DATE EXPIRES			
ENDONSLIVIENT	133020 01	WINCHSTAIL	DATE 1330ED		DATE EXTINES			
			te, has Applicant submit			ficate with the	Idaho State	
Department of Educati	on? Yes No_	If yes, on	what date?					
Has Applicant received	an evaluation of Ar	pplicant's Applica	ition for Idaho Certificati	ion? Yes	No I	f so, what defi	ciencies, if anv.	
were listed by the Idah			The state of the s		'	,	,	
·								

CONTRACTED EDUCATIONAL EXPERIENCE

PROVIDE ALL EXPERIENCE THAT REQUIRED AN EDUCATION CREDENTIAL
AND THAT WAS UNDER A CERTIFIED CONTRACT. (ATTACH ADDITIONAL SHEETS IF NECESSARY)
(LIST MOST RECENT EXPERIENCE FIRST)

School District:		Telephone: ()	Telephone: ()			
Address:		Employed (Month/Year) From: To:	No. of Years			
Position(s) Held:		Supervisor:				
School District:		Telephone: ()				
Address:		Employed (Month/Year) From: To:	No. of Years			
Position(s) Held:		Supervisor:				
		·				
School District:		Telephone: ()				
Address:		Employed (Month/Year) From: To:	No. of Years			
Position(s) Held:		Supervisor				
PROVIDE ALL OTHER TEACHING STUDENT TEACH	EXPERIENCE, II HING, ETC. (ATT	EDUCATIONAL EXPERIENCE NCLUDING SUBSTITUTING, NON- TACH ADDITIONAL SHEETS IF NE CENT_EXPERIENCE FIRST)	-ACCREDITED SCHOOL(S),			
School District:		Telephone: ()				
Address:		Employed (Month/Year) From: To:	No. of Years			
Position(s) Held:		Supervisor:				
School District:		Telephone: ()				
Address:		Employed (Month/Year) From: To:	No. of Years			
Position(s) Held:		Supervisor:				
School District:		Telephone: ()				
Address:		Employed (Month/Year) From: To:	No. of Years			
Position(s) Held:		Supervisor:				
	OTLIED ENADL	OVACALT EVDEDIENCE				
		OYMENT EXPERIENCE				
PROVIDE ALL EXPERIENCE		OVE. (ATTACH ADDITIONAL SH CENT EXPERIENCE FIRST)	EETS IF NECESSARY)			
Position(s) Held and Duties Performed	Dates	Employer's Address	Employer's Phone Number			
. The same and a second continued		2p.5 ; 5. 57 (da 1635	projet of florid remodel			

PROFESSIONAL CONDUCT ALL QUESTIONS MUST BE ANSWERED. IF EXPLANATION IS NECESSARY, USE EXTRA SHEETS. Has Applicant ever had a diploma, credential or license denied, revoked or suspended? Yes No If so, explain fully. Has Applicant ever failed or refused to fulfill an agreement of employment entered into by Applicant with any public agency? Yes _____ No____ If so, explain fully. Has Applicant ever been dismissed, suspended, placed on probation or resigned in lieu of an investigation or other disciplinary action from any teaching position for immoral or unprofessional conduct or for unfitness for service? If so, explain fully. Has Applicant ever been dismissed, suspended, place on probation or resigned in lieu of an investigation or other disciplinary action from any teaching position for persistent defiance of or refusal to obey the laws and regulations of the institution or agency? No If so, explain fully. Has Applicant ever been convicted of a felony? Yes _____ No____ If so, explain fully. Is anyone living at Applicant's address required to register for the Sex Offender Registry? Yes CURRENT REFERENCES PLEASE COMPLETE INFORMATION FOR ALL SIX REFERENCES SUPERVISOR'S POSITION WORK PHONE NAME OF MOST RECENT SUPERVISOR **CELL PHONE** E-MAIL 1. 2. OTHER PROFESSIONAL REFERENCE PROFESSIONAL REFERENCE'S POSITION **WORK PHONE CELL PHONE** E-MAIL 1. 2. **PERSONAL REFERENCE** PERSONAL REFERENCE'S RELATIONSHIP **WORK PHONE CELL PHONE** E-MAIL 1. 2. VETERAN STATUS: Check the appropriate response: claiming veteran's preference as per Idaho Code §65-503A. Initials I am I am not I have I have not previously claimed such preference. Please tell us how you became aware of certified vacancies/positions with Wallace School District No. 393: Job Fair_____ Online Source/Web Posting___ School District Staff Member (please list name)_ Other___ 1. Applicant affirms that the information provided in this "Application for Employment" is true, correct, and complete. Any false statement made knowingly in this Application shall constitute sufficient grounds for non-hire or voiding any contract issued to the Applicant at the discretion of the Board of Trustees. 2. Applicant authorizes school districts, institutions of higher education, and individuals employed by the same, with information relating to Applicant's professional and personal qualifications, to furnish to Wallace School District No. 393, any and all information regarding the undersigned in order that School District authorities may determine Applicant's suitability for the position for which Applicant has applied. It is understood that information obtained by Wallace School District No. 393 in this regard will be considered confidential and will not be shared with the Applicant. 3. Applicant authorizes authorities of Wallace School District No. 393 to make inquiry of Applicant's present and past employers and/or professional associates regarding Applicant's character, integrity, and reputation. 4. Applicant acknowledges that any contract issued to a teacher is conditioned upon the teacher having an Idaho Education Certificate valid for the whole of the period of service covered by the contract and for courses or grades being taught by said teacher. Failure to file a valid Idaho Certificate with the District will result in the withholding of pay. 5. Applicant authorizes Wallace School District No. 393 to receive any and all information concerning Applicant contained within the files of the Federal Bureau of Investigation through the fingerprint background process. All finalists for employment with Wallace School District No. 393 shall undergo a blood or urinalysis test to determine the presence of drugs or controlled substances in the Applicant's system. Wallace School District No. 393 is an equal opportunity employer. Qualified Applicants receive consideration for employment without discrimination based on gender, age, national or ethnic origins, race, color, religion or the presence of a non-job-related handicap. Employment is contingent upon the necessary verification and work eligibility. APPLICANT'S NAME (PRINT) DATE

APPLICANT SIGNATURE

WALLACE SCHOOL DISTRICT NO. 393 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 employers 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

Signature of Applicant	Date	
Printed Name of Applicant		
Identifying Employee Number/Name of A by Applicant)	plicant or other Identifying Information for Past Employers (including all pr	ior names used
NAMES AND ADDRESSES OF ALL PRIOR E	PLOYING SCHOOL DISTRICTS:	

- *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.
- *A copy of this Release and all information obtained through use of this Release will be placed into the Applicant's Personnel File with the District upon employment of the Applicant, if any.
- *An Applicant's failure to disclose any former School District employer, whether within or outside of the State of Idaho, will serve as the basis for immediate termination and, for certificated personnel, may also result in the District's reporting of the individual to the Idaho Professional Standards Commission for a potential violation of the Code of Ethics for Professional Educators.
- *By accepting an executed copy of this form, the hiring School District makes no guarantee or promise of employment to the Applicant. Further, the hiring School District may employ the Applicant on a conditional basis pending review of information gathered pursuant to this Release. Such conditional employment is not a guarantee or promise of continued employment with the hiring School District for any length of time or pursuant to any additional conditions.