

CASCADE SCHOOL DISTRICT NO. 422
209 School Street - P.O. Box 291
Cascade, ID 83611-0291
Phone: 208-630-6057 Fax: 208-382-3797
www.cascadeschools.org

APPLICATION FOR EMPLOYMENT - CERTIFIED POSITION

For Position Advertised as: _____

(First Name) (Initial) (Last Name)

Physical & Mailing Address _____
(Number and Street/P.O.) (City) (State) (Zip Code)

Phone Number (____)____ - _____ Email Address _____

Alternate Phone Number (____)____ - _____

CERTIFICATES HELD: Indicate type of certificate, subject areas certified to teach, and state issuing certificate (i.e. Idaho - 5 year - Secondary Social Studies).

1. _____ 2. _____

Do you hold a valid Idaho Certificate for the position for which you are applying? Yes _____ No _____

ALL QUESTIONS MUST BE ANSWERED. IF ANSWER IS YES, USE SUPPLEMENTAL SHEET AND EXPLAIN FULLY - ANSWERS WILL NOT BAR APPLICANT FROM EMPLOYMENT.

- a. Have you ever had a diploma, credential or certificate denied, revoked or suspended? Yes _____ No _____
- b. Have you ever failed or refused to fulfill a contract of employment entered into by you with any school district?
Yes _____ No _____
- c. Have you ever been dismissed from any teaching position? Yes _____ No _____
- d. Have you ever been dismissed, fired or released from any other employment? Yes _____ No _____
- e. Have you ever been convicted of a felony or a misdemeanor in the last seven years, excluding traffic offenses?
Yes _____ No _____

Are you willing to pay for a background check that is required by State law if hired? Yes _____ No _____

Are you willing to provide the School District with a drug test? Yes _____ No _____

- This application will not be considered unless all questions are answered and all sections completed.
- Applicants are expected to furnish the School District a copy of your placement file from your placement bureau at the time you make application. Placement bureau: _____
- A personal interview will be required of all final applicants prior to being employed. The School District does not reimburse expenses incurred for the personal interview.
- All professional personnel employed in the Cascade Schools must provide a valid Idaho Certificate covering their area of employment and all official transcripts.
- All applicants must be able to pass a background check and drug test.

Cascade School District is an equal opportunity employer/educator.
Applications from all qualified individuals are considered.
PLEASE TYPE OR PRINT ALL INFORMATION

EDUCATIONAL EMPLOYMENT

The following is a complete list of all employment as an educator. Yes___No___ Include Student Teaching.
List most recent experience first.

Name & Address of school	From Mo/Yr	To Mo/Yr	Assignments Positions Held- Duties Performed	Supervisor and Phone #/Email	Reason for Leaving

(Please continue on a supplemental sheet, if necessary.)

OTHER EMPLOYMENT (During last 5 Years)

Name & Address	From Mo/Yr	To Mo/Yr	Assignments Positions Held- Duties Performed	Supervisor and Phone #/Email	Reason for Leaving

(Please continue on a supplemental sheet, if necessary.)

EDUCATION

Include High School, College, University, Workshops & Summer Schools.

Name & Address of Institutions Attended	Period(s) Attended	Date of Graduation	Semester Hours	Major	Minor	Degree or Diploma

(Please continue on supplemental sheet, if necessary.)

OTHER INFORMATION: (Please continue on a supplemental sheet, if necessary.)

1. Give an accurate description of your present teaching and non-teaching assignments.

2. Describe any travel or special study which has added to your teaching efficiency.

3. List memberships you hold in educational, professional and civic associations.

4. Describe any professional or academic honors, awards, publications, or other evidence of professional recognition which you have received. _____

5. Please provide additional information or personal data which you believe will assist in arriving at a true estimate of your qualifications. _____

REFERENCES: Give at least three references, include recent principals or superintendents with whom you are now working. If they have not submitted references to your placement bureau, IT IS YOUR RESPONSIBILITY to have them submit references directly to the School office.

Name		Name	
Address		Address	
Title or Position		Title or Position	
Phone Number		Phone Number	
Email		Email	
Name		Name	
Address		Address	
Title or Position		Title or Position	
Phone Number		Phone Number	
Email		Email	

SPECIAL SKILLS

I have participated in:

High School

College

I am able to:

Direct or Coach

Assist Only

- Inst. Music _____
- Vocal Music _____
- Drama _____
- Debate _____
- Sch. Newspaper _____
- Sch. Yearbook _____
- School Clubs _____
- Drill Team _____
- Dance Team _____
- Baseball _____
- Football _____
- Tennis _____
- Track _____
- Wrestling _____
- Basketball _____
- Volleyball _____
- Gymnastics _____
- Other (specify) _____

(Please continue on a supplemental sheet, if necessary.)

I am currently under contract for the coming year. Yes _____ No _____

I will be able to indicate acceptance of a contract, if offered, following _____ (Date)

I solemnly affirm/swear that the statements included in this application are true and correct. I understand that: (1) Any contract issued to a teacher is conditioned upon the teacher having an Idaho Teacher's Certificate valid for the whole of the period of service covered by the contract and for courses or grades being taught by said teacher and (2) Any false statement made in this application shall constitute sufficient grounds for voiding, at the discretion of the Board, any contract issued to the teacher. Upon request I will provide all pertinent physical and health information which may affect my competence as a teacher. I acknowledge I am required to read and understand the District's Drug and Alcohol policy 5320 and return signed forms 5320F1 and 5320F2 with my application.

Date _____ 20 _____
(Signature of Applicant)