APPLICATION

AN APPLICATION FOR A CERTIFIED POSITION IN THE

JOINT SCHOOL DISTRICT NO. 111 P.O. Box 89, Arco, Idaho 83213 ADMISTRATIVE OFFICES PH. (208)690-3410

An Equal Opportunity/Affirmative Action Employer

Name				S	Social Security No			
Last	fi	first			, 			
Permanent Address	S				_Phone			
	Street	City	State	Zip				
Address					754			
Until19	Street	City	State	Zip	Phone			
PERSONAL DAT	SA							
List those extracura	ricular activities	which you feel comp	etent to sponso	or or direct_				
List these outressum	mianlam aativitiaa	which was have smar	samad an dinaat	ad				
List those extracuri	ncular activities	wnich you nave spor	isored or direct	ea				
On a separate sheet to the position for v		•	n, not to exceed	1 250 words	s, of your major strengths as they apply			
PROFESSIONAL INTEREST			If you have a valid Idaho Teaching Certificate					
			Complete the	e following	; :			
State Position desir		district	Tide Contin	-4-				
Number in Order of Preference			Title Certific	ate				
1	l		Date Certificate was issued:					
2			If you do not	hove a val	id Idaho Certificate			
2			Check here.		id idano Certificate			
3			CHECK HOLE.					
			Where are you	ur credentia	als on file?			
*Primary position f	for which applic	ation is made.						
DDEEDEDENIGE OF								
PREFERENCE OVER qualifies for a Veterans	NON-VETERANS s' preference is enti-	. An applicant who tled to a preference						
in initial application for	r hiring with the dist	trict over other applicants						
for the same position w								

EDUCATIONAL TRAININ	(nst in order of attendar	ice)		(CHECK	to indica Semeste		Quarter	
College and/or University	Location	Dates Inclusive		Earned and f Degree	Major	Hours	Minor	Hours
_								
EACHING AND JOB-RE	LATED EXPERIENCE							
		teaching - ir instruction.	iclude mi	litary if ass	signment	was tea	ching or	•
Name	Employer Location	Superintendent of Number Supervisor of Years				Positi	Position Held	
		Superv	1501	or rears	1101	1 10		
<u> </u>	u have had teaching experitaught (most recent first)	ence list –Su	perintend	ents and Pr	rincipals	for who	m you	
Name	Title		Address			Telephone No		Year
Notice: Employment will be bas procedures unless otherwise note			inalists wi	ll be require	ed to atter	nd a perso	onal inter	view at
Preliminary screening of appl		y 4. 1	Recommer	ndation for I	Employm	ent will b	e submit	ted to th
o meet job description requirem completed application, placemen		Boa	rd of Trust	ees.				
Supportive job-related information redentials may be submitted by	on not on this form nor in	5. N	Notification	n of Employ	ment will	be sent	to the car	ndidate.
naterials received at the district he application deadline will not	office more than 10 days after	statı	is. Notice	ate's respor of vacancy ters and dist	closings	will be re	mitted to	
Additional Data will be reque from reference after step one, suc	sted from the candidate or ch as letters of mation as determined by the	I he		that the info	ormation	herein is	a true an	

date.

Date

district office.

Signature of Applicant

BUTTE COUNTY JOINT SCHOOL DISTRICT #111

District Administration Offices – 250 S. Water St. – PO Box 89 – Arco, ID 83213

Joe Steele – Superintendent Sharese Maynard– Business Manager

Phone (208) 690-3410 - Fax (208) 527-8950 www.butteschooldistrict.org

REQUEST TO EMPLOYER

Attentio	on: Human Resource Department at	School District
informa In accor	ind attached an authorization to release information regarding a previous of tion specifically related to past job performance (evaluations) and/or job redance with Idaho Code 33-1210, school districts in Idaho have 20 days from the information.	related conduct, if any
Name o	f Former Employee:	
Position	n Held in your District:	
	is no information relating to past job performance for this previous emplo ne box below and send this form back.	oyee, then please
	o, there is no information on file relating to past job performance for this pers, there is information on file for past job performance/job related conduc	
	is information relating to past job performance, please submit it to us by fainclude this sheet if faxing or mailing.)	ax, mail or e-mail.
Fax: Mail:	208-527-8950 Attention: Sharese Maynard HR Butte County School District #111 Attn: Sharese Maynard P.O. Box 89 Arco, Idaho 83213	
E-mail:	maynshar@butteschools.org	

Thank you for your time.

Butte County School District Business Manager

Sharese Maynard

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

Idaho Law requires Applicants for <u>any</u> position at any Idaho Public School to allow the hiring School District 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:

- Authorizes current and past public school employer of the Applicant/undersigned on this
 form, including Applicants outside the State of Idaho, to release 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 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 the above requirements are a condition om my obtaining employment with the District and I consent to my current and former employers, both inside and outside of 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:		
(Include Maiden Name if previously emplo	oyed under different name)	
Previous School District:	Position:	
Previous School District:	Position:	
Previous School District	Position:	