Lapwai School District
P.O. Box 247, Lapwai, ID 83540
Phone (208) 843-2622
An Equal Opportunity Employer

Certificated Application for Employment

Name: _____
Last **First** **Middle**

Present Address: _____

_____
City **State** **Zip:**

Permanent Address: _____

_____
City **State** **Zip**

_____ _____
Current Home Phone **Business Phone**

_____ _____
Cell Phone **Message Phone**

Other name(s) under which references or other employers know you: _____ _____
OPTIONAL Social Security Number:

- ✓ *If you are appropriately certificated and are interested in being considered for one or more of the areas listed below, indicate your preference, 1(one) being first choice:*

☐ **Elementary** ☐ **Secondary** ☐ **Special Education**

- Are you interested in **SUBSTITUE EMPLOYMENT?** ☐ **Yes** ☐ **No**
  If yes, please fill out the back of this application.

ELEMENTARY- *Prioritize the grade level(s)/subject(s) you are prepared to teach, 1 (one) being your first choice:*
ECE Kdgtn 1 2 3 4 5 PE Reading Art Vocal Music Special Ed

SECONDARY – Prioritize the grade level(s) 1 (one) being your first choice:
MS (6-8) HS (9– 12) Alt School (6-12) Drivers Training

SPECIAL EDUCATION

- Indicate top three (3) grade level preferences, 1 (one) being your first choice:
  ECE/ K 1-3 4-5 6-8 9-12
- Check ✓ the following areas of competence:
  ☐ Early Childhood ☐ Mildly Disabled ☐ Moderate to Severely Disabled
- Other specialized training: _____

SPECIALIST

- Check ✓ the area for which you are making application and **HOLD** a certificate:

☐ Counselor ☐ Librarian ☐ Occupational Therapist ☐ Physical Therapist ☐ Nurse
☐ Psychologist ☐ Speech Language Pathologists

- Identify foreign language(s) you can read and speak fluently._____
- List any other special training you feel is pertinent to the position for which you are applying.

_____

_____

LEADERSHIP INTEREST

(List those you are capable and willing to supervise):

1._____
2._____
3._____

ACTIVITIES / COACHING

(e.g., Curriculum, Staff Development, Team Leader, etc.)

1._____
2._____
3._____

CERTIFICATES / LICENSES

- All candidates must list their certificates. Nurses, occupational therapists and physical therapistsmust also list their license data.

State	Type	Endorsements	Certificate Number	Date Issued	Expiration Date

EMPLOYMENT HISTORY

- Are you presently under contract? ☐ No ☐ Yes – ***If yes, with whom?***_____
- What is your present position (Title)?_____Are you a former employee of the Lapwai School District? ☐ No ☐ Yes
- If so, list dates and positions:_____

_____

- Are you presently involved in an employment situation where non-renewal, discharge or discipline is being discussed? ☐ No ☐ Yes

CERTIFICATED EXPERIENCE (including substitute experience)

- List most recent experience first. Include student teaching/practicum only if you are a beginning teacher.

Dates From/To	***District***	***Location-City/State***	***No. of Years***	***Full Time***	***Part Time***	***Subjects Taught or Positions Held***	***Reason for leaving***

TECHNOLOGY – Identify all computer systems and software you have a working knowledge of; number of years training and/or experience:_____

_____

_____

_____

EDUCATION

- List all colleges attended.

Name of Institution	*Dates Attended*	*No. Years*	*Degree*	*Major*	*Minor*

REFERENCES

- List references including principals, supervising teachers, and college supervisors under whom you have taught or persons who have firsthand knowledge of your personal and professional competencies.

Name	*Address Street/City/Zip*	*Official Position*	*Telephone (Inc. area code)*
1.			
2.			
3.			
4.			

REMINDER

- Please use the following checklist as your guide to fulfilling the requirements for a complete application file**.**

- **CHECKLIST**

Mandatory	

	1. Complete Lapwai School District Application Form		Optional Confidential Data Form (Insert A)
	2. General Cover Letter		
	3. Current Résumé		
	4.College Placement File en route or letters of reference (3)		
	5. Disclosure Form **(Insert B)**		
	6. Copies of College Transcripts		
	7. Copies of Praxis test if applicable		
	8. Copies of valid Idaho State Teaching Certificate(s)		

Applications will remain in active status for two years.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application is true and correct. I authorize the Lapwai School District to make an investigation of my personal, educational, vocational and/or employment history. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or governmental agency to provide the Lapwai School District with information regarding me. I hereby release and discharge the Lapwai School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is criminal history background information check, and approval of the District's Board of Directors.

Applicant Signature:_____

Date:_____

THE LAPWAI SCHOOL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Lapwai School District prohibits discrimination based on race, color, religion, creed, national origin, gender, martial status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The District is an equal opportunity employer, supports the spirit, policies and practices of affirmative action.

Inquiries regarding compliance and complaint procedures can be directed to:

Affirmative Action/Title IX/ American with Disabilities Act/504 Officer:
David Aiken, Superintendent (208) 843-2622

SUBSTITUTE APPLICATION

APPLICATION INFORMATION

Name (*Please Print)*_____ _____

Last First M.I. Date

P.O. Box / Street Address: _____

(City)_____(State)_____(Zip)_____ Phone:( )_____

(E-Mail Address)_____

CERTIFICATION

Certification Type :_____

Endorsements: (1) _____ (2)_____(3)_____

Expiration Date:_____

First Aid/CPR License	☐ Yes	☐ No	If Yes, Expiration Date:_____
Food Handlers	☐ Yes	☐ No	If Yes, Expiration Date:_____
CDL/S endorsement	☐ Yes	☐ No	If Yes, Expiration Date:_____

CLASSIFIED SUBSTITUTE: ☐ Bus Driver ☐ Cook ☐ Maintenance ☐ Aide ☐ Clerical

AVAILABILITY

What other districts do you sub for? _____

CHECK (x) the times/days that you are available to substitute:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Days:	☐	☐	☐	☐	☐
Half Days AM:	☐	☐	☐	☐	☐
Half Days PM:	☐	☐	☐	☐	☐

List any limitation on your assignment:_____

_____

Grade Level Preference

☐ All Elementary ☐ Middle School (6-8) ☐ High School (9-12)

In which ***grades*** do you feel most comfortable teaching?
Which ***subjects*** areas do you feel most comfortable teaching?
Are there any subjects that you ***will not*** teach?
What are your "special areas"? (Music, Home Econ., PE, etc.)
In which foreign languages are you willing to substitute?

ADDITIONAL FORMS TO BE COMPLETED WHEN SUBSTITUTING

- **I-9**
- **W-4**
- **Idaho State/FBI Background check**

MUST HAVE WITH YOU AT THE TIME OF APPLICATION

- **Idaho State Teaching Credentials (if applicable)**
- **Original Social Security Card**
- **ID Card**