



Lapwai School District

404 S.Main St, Lapwai, ID 83540

Phone (208) 843-2622 Fax (208) 843-7746

www.lapwai.org

An Equal Opportunity Employer

Certified Application for Employment

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone: _____ Cell Phone: _____

E-mail Address: _____ Message Phone: _____

Please list any names you may be known as (Alias): _____

PROFESSIONAL INTEREST

Position(s) applying for:

1. _____
2. _____
3. _____
4. _____

Teaching Certificate:

Title of Certificate: _____

Initial Certificate Date: _____

Current Certificate Date: _____

Expiration Date: _____

If you do not have a valid State of Idaho Certificate where are your credentials on file?

If you are appropriately certificated and are interested in being considered for any other positions in any one of the areas listed below, indicate your preference, 1 being first choice:

Elementary

Secondary

Special Education

Are you interested in substitute employment? Yes No

EDUCATION/TRAINING-List in order of attendance

<u>College/University</u>	<u>Dates Attended</u>	<u>No. Years</u>	<u>Degree</u>	<u>Major</u>	<u>Minor</u>

TEACHING AND JOB RELATED EXPERIENCE (include substitute experience)

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

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

Identify foreign language(s) you can read and speak fluently: _____

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

LEADERSHIP EXPERIENCE

1. _____
2. _____
3. _____

ACTIVITIES / COACHING EXPERIENCE

1. _____
2. _____
3. _____

CERTIFICATES / LICENSES FOR SPECIALISTS

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

State	Type	Endorsements	Certificate Number	Date Issued	Expiration Date

BACKGROUND

- A. Are you presently under contract? _____ What is your present position (Title)? _____
- B. Are you a former employee of the Lapwai School District? Yes No
 If so, list dates and positions: _____
- C. Are you presently involved in an employment situation where non-renewal, discharge, investigation or discipline is being discussed? _____
- D. Have you ever been convicted of a crime other than a minor traffic violation? _____
- E. If yes to questions D or E, please explain: _____

REFERENCES

List professional 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.

<i>Name</i>	<i>Address Street/City/Zip</i>	<i>Official Position</i>	<i>Telephone (Inc. area code)</i>
1.			
2.			
3.			

CHECK LIST Please use the following checklist for a complete application

1. Cover Letter	4. Copies of College Transcripts
2. Application	5. Copies of valid Idaho State Teaching
3. Current Résumé	6. Three letters of Reference

**CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRY CHECKS
ARE REQUIRED FOR EMPLOYMENT**

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, marital 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.

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

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:** _____

Applications will remain in active status for two years.