



EMPLOYED FROM MM/YY	EMPLOYED TO MM/YY	POSITION GRADE / SUBJECT	STREET ADDRESS			PRINCIPAL/SUPERVISOR CURRENT WORK/HOME PHONE #	FULL TIME	PART TIME LIST %	SUB	PRI- VATE SCH
			CITY	STATE	ZIP					

**PROFESSIONAL REFERENCES**

List at least four current references capable of assessing your ability to perform the work for which you are applying.  
Include the names of Superintendents or Administrators with whom you have worked.

Name	Title	Address	City/State/Zip	Phone #

**CERTIFICATION (Please enclose a copy)**

Elementary  Secondary  Other

Endorsement:	Expiration Date	Endorsement:	Expiration Date
Endorsement:	Expiration Date	Endorsement:	Expiration Date

# EDUCATION

List all college and university preparation. Include copies of all college and university transcripts.

Colleges/Universities City, State	Dates From (mm/yy) To (mm/yy)	Major	Semester Hours	Minor	Semester Hours	List Type and Date of Degree

# STUDENT TEACHING EXPERIENCE

If you have one or more years of teaching experience, you may omit this section.

Date From (mm/yy) To (mm/yy)	Grade Level or Subject(s) Taught	Name and School of Cooperating Teacher	Phone Number
		Building Administrator(s)	Phone Number

# ACTIVITIES

**CO-CURRICULAR AND/OR ATHLETIC ACTIVITIES YOU WOULD BE WILLING TO LEAD** (Example: yearbook, newspaper, pep club, cheerleading, student council, honor society, sports programs.)

List areas of interest in which you have experience:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**List personal interests and activities:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List any professional growth activities, staff development, workshops, classes, and computer expertise relevant to this position:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the professional committees and task forces and the role in which you served.**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

**List any additional information supporting your candidacy for this position.**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

## NARRATIVE

Please answer the following questions in accordance with your personal philosophy of education

**1. What would a visitor to your classroom observe to indicate that your instruction is meeting the needs to individual students?**

**2. What do you think is the single most important issue for the classroom teacher at this time? What suggestions do you have to overcome this?**

**3. Compose a short paragraph stating what you believe to be one or two of the more important functions of the particular position for which you are applying.**

**4. Please tell us how you heard about the Fruitland School District. Please check those that apply.**

- School District Website
- District Office Posting
- School Spring
- Other

# CRIMINAL HISTORY BACKGROUND STATEMENT

PLEASE PRINT

STATE	DRIVERS LICENSE NUMBER	LAST NAME (LEGAL)	FIRST NAME (LEGAL)	M.I.	Date of Birth	Sex	Social Security Number
Street Address		City	State	Zip Code	Phone Number		

List Maiden / Other names you previously used \_\_\_\_\_

List Other States where you have resided as an adult (above 18 years of age) \_\_\_\_\_

## YOU MUST ANSWER YES OR NO TO EACH QUESTION BELOW

1. Are you able to perform the essential tasks of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever been convicted of an offense other than a minor traffic violation/infracton? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever received any conviction for DUI or DWI? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been convicted, received withheld judgment or pled to any sex related charge? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever been convicted, received withheld judgment or pled to a drug related offense? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you ever been convicted, received withheld judgment or pled to an act of violence, including domestic violence? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Has your professional license ever been revoked, suspended or placed on conditions? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed agreement? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you ever been the subject of an investigation by a school district or any other employee? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you ever had sanctions placed on your teaching certificate for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Have you ever been denied a teaching certificate anywhere? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Is disciplinary action currently pending anywhere against your certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above questions, other than question 1, please explain: \_\_\_\_\_

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**PLEASE NOTE: ALL APPLICANTS MUST SIGN BELOW**

I hereby certify that this application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

The Immigration and Reform Act of 1986 requires the District to verify that all new employees are eligible to work in the United States. Upon employment with the District, an individual will be required to provide appropriate documentation of both employment authorization and individual identity within the first three days of employment. This verification is a condition of employment.

As part of my application for employment, I hereby consent to and authorize the release of any and all information to Fruitland School District, which may be considered in evaluating my qualifications for employment.

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Signature

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Date



## FRUITLAND SCHOOL DISTRICT #373



P.O. Box A • Fruitland, Idaho 83619 • Phone: (208) 452-3595 • Fax: (208) 452-6430

**Lyle Bayley**  
Superintendent  
**Nikki Carter**  
Finance Manager/Clerk

**Wendy Plaza**  
Human Resources  
**Paula Tschirgi**  
AP/Sped Admin Asst.

Idaho Code 33-1210 requires all Idaho Public School employers to obtain past public school employer performance information regarding an individual they are considering for hire, with regard to any position at a public school. Specifically, the code section language states:

Before hiring an applicant, a School District shall request, in writing, electronic or otherwise, the Applicant's current or past employers, including out-of-state employers, to provide the information, described in subsection (2)(a) of this section, if any.

The aforementioned subsection(2)(a) of the statute requires Applicants to sign a statement "authorizing the applicant's current and past employers [meaning district/charter school employers] , including employers outside of the state of Idaho, to release to the hiring district/charter school all information relating to the job performance and/or job related conduct, if any, of the applicant and making available to the hiring district/charter school copies of all documents in the previous employer's personnel, investigative or other files relating to the job performance by the applicant."

If you are an out of state former employer and you have a particular statutory reason as to why you cannot provide the information requested, please notify me of the reason.

Enclosed please find a copy of the signed Authorization Notice for Release of Information for \_\_\_\_\_, an applicant for employment with Fruitland School District #373. In accordance with the statute, we request receipt of this information within twenty (20) business days after receipt of this request. This information may be sent either in writing or in electronic format. Please send the information to:

Fruitland School District #373  
Wendy Plaza, Payroll Clerk  
P.O. Box A  
Fruitland ID 83619  
wplaza@fruitlandschools.org

Please return the following information:

Completed Verification of Service  
 Job Performance Records

Thank you in advance for taking the time to complete the request. If you should have any questions relating to this statute and request, please contact me.

Sincerely,

*Wendy Plaza*

Payroll Clerk  
Fruitland School District #373

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**Authorization Notice for Release of Information**

I wish to be considered for employment with the Fruitland School District #373. I understand that as a part of the application process, the School District is required by Idaho Code 33-1210 to request that the applicant sign a release statement authorizing the applicant's current and past employers, including employers outside the State of Idaho, to release to the school district all information relating to the job performance and/or job related conduct, if any, of the applicant and making available to the hiring school district copies of all documents in the previous employer's personnel, investigative or other files relating to the job performance by the applicant.

I also understand that Idaho Code 33-1210(b) releases the applicant's current and past employers and employees acting on behalf of that employer, from any liability for providing information described in paragraph (a) of this subsection, as provided in subsection (4) of this section. A school district shall not hire an applicant who does not sign the statement described in subsection (2) of this section. In addition, the school district or the employee acting on behalf of the school district, who in good faith discloses information under this section either in writing, printed material, electronic material or orally is immune from civil liability for the disclosure. An employer is presumed to be acting in good faith at the time of disclosure under this section unless the evidence establishes one (1) or more of the following (a) that the employer knew the information disclosed was false or misleading; (b) that the employer disclosed the information with reckless disregard for the truth; (c) that the disclosure was specifically prohibited by a state or federal statute. Information received pursuant to this section shall be used by a school district only for the purpose of evaluating an applicant's qualifications for employment in the position for which he or she has applied. Except as otherwise provided by law, a board member or employee of a school district shall not disclose the information to any person, other than the applicant, who is not directly involved in the process of evaluating the applicant's qualifications for employment. A person who violates the provisions of this subsection may be civilly liable for damages caused by such violation.

I \_\_\_\_\_ agree to all of the terms above.  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

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FRUITLAND SCHOOL DISTRICT #373  
 401 Iowa Avenue  
 P.O. Box A  
 Fruitland, Idaho 83619  
 Phone (208) 452-3595 / Fax (208) 452-6430

**PROFESSIONAL EXPERIENCE VERIFICATION SUMMARY**

**Employee Section--Complete the top portion, sign, date and mail to former school district(s)**

I hereby authorize the \_\_\_\_\_ School District (current/former) employer to respond to any request for information that the Fruitland School District seeks to verify my work experience, performance, character or skills as it relates to my application for employment with the District.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

In order to verify the employment experience of the certified person named above, we would appreciate your filling out the following information. **Please do not include substitute teaching or less than .5 FTE.**

This is to verify that \_\_\_\_\_ was a \_\_\_\_\_ for the period named.

CERTIFIED EXPERIENCE FROM	CERTIFIED EXPERIENCE TO	POSITION HELD	F.T.E

1. Please state any extenuating circumstances concerning separation of employment if applicable:

Comments: \_\_\_\_\_

Please contact for more information.    \_\_\_\_\_ Yes    \_\_\_\_\_ No

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 School District

Please return completed form to the Fruitland School District @ (208) 452-6430 or mail to P.O. Box A, Fruitland ID 83619

