



WEISER SCHOOL DISTRICT #431

**Application for
Certified Position**

WEISER SCHOOLS

High Achievement,
Responsible Citizenship

Weiser School District #431 is an equal opportunity employer/educator with a drug, alcohol and tobacco free environment. Discrimination based on race, color, religion, sex, age, disability, national origin, financial ability, parental status or marital status does not exist in the District. Equal access to employment services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization. Questions or complaints should be addressed to the District Office.

PERSONAL INFORMATION					Section 1
First Name (Legal)	Middle Name(Legal)	Last Name (Legal)	Other Last Names		
Street Address		City	State	Zip	
Home Phone Number/Cell Phone		Social Security Number	E-mail Address		
Name of Person to Contact if You Are Unavailable			Contact Person's Phone Number		
Position Desired:					

EMPLOYMENT HISTORY										Section 2	
List all positions held six (6) months or more. Begin with last position. Are you presently under contract in another school district? ___Yes___No Date Available _____ Total contract experience: _____									Please check appropriate boxes.		
	Service		Position Grade/ Subject	Street Address			Principal/Supervisor Current Work/Home Phone Number	Full Time	Part Time List %	Sub-Stitute	Private School
	Month	Year		City	State	Zip					
FROM											
TO											
FROM											
TO											
FROM											
TO											

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PROFESSIONAL REFERENCES **Section 3**
(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	Current Phone #

CERTIFICATION (Please Enclose Copy) **Section 4**
 Elementary Secondary Other

Endorsement	Expiration Date	Endorsement	Expiration Date
Endorsement	Expiration Date	Endorsement	Expiration Date
Passed the Praxis Exam? Yes or No Date Taken: Test #: Score:	Are you considered HQT as defined by Idaho SDE in your areas of endorsement? Yes or No, please define which area is not HQT		Literacy Certificate? Yes or No National Board Certified? Yes or No

EDUCATION **Section 5**
 List all college and university preparation

Colleges/Universities City, State	From –To Dates	Major	Semester Hours	Minor	Semester Hours	List Type and Date of Degree

STUDENT TEACHING EXPERIENCE **Section 6**
 If you have one or more years of teaching experience, you may omit this section

From	To	Grade Level or Subject(s) Taught	Name and School Address of Cooperating Teacher	Phone Contact #
			Building Administrator(s)	Phone Contact #
			Name and School Address of Cooperating Teacher	Phone Contact #
STATUS-CHECK ONE <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started			Building Administrator(s)	Phone Contact #



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ACTIVITIES

Section 7

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 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. _____
4. _____

NARRATIVE

Section 8

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 of 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?

5. Please tell us how you heard about the Weiser School District. Please check those that apply.

- Newspaper
- District Office posting
- WSD Web Site
- University Career Fair/Posting at _____
- Other _____



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*The Weiser School District will consider preference for employment to Veterans
pursuant to Idaho Code 65-501, et. seq.*

V1: Are you claiming the Veteran’s Preference per Idaho Code Section 65-503A?

YES

NO

If you answered “Yes” to Question V1, please attach a copy of your DD-214 (honorable discharge) to your application. In addition, please include a copy of the **District’s Veteran’s Preference Form** and attach the completed form to your application. The **Veteran’s Preference Form** is available on the Weiser School District website or from the Weiser School District Office, 925 Pioneer Rd., Weiser, ID.

V2: Have you previously claimed Veteran’s Preference in connection with an application for employment with the District?

YES

NO

V3: Are you also claiming Veteran’s Preference as a “disabled” veteran as defined at Idaho Code Section 65-502(4)?

YES

NO

If you answered “yes” to Question V3, in addition to your DD-214, please also submit with your application any one of the following forms of documentation to verify your status as a qualifying Disabled Veteran:

- (a) Official documentation indicating you have a service-related disability of ten percent (10%) or more;
- (b) Official documentation indicating you are receiving compensation related to a service-connected disability including retirement benefits or pension from the military or the Department of Veteran’s Affairs.
- (c) Official documentation indicating you are a Purple Heart recipient.



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CRIMINAL HISTORY BACKGROUND STATEMENT

PLEASE PRINT

State	Driver License Number	Last Name-Legal	First Name-Legal	Middle Init	Date of Birth	Sex	Social Security Number
Street Address		City	State	Zip	Home/Cell Phone Numbers		

List maiden/other names previously used _____

List other states where you have resided as an adults (above 18 years of age) _____

YOU MUST CHECK YES OR NO TO EACH QUESTION BELOW

- Are you able to perform the essential tasks of the job for which you are applying? Yes No
- Have you ever been convicted of an offense other than a minor traffic violation/infraction? Yes No
- Have you ever received any conviction for DUI and DWI? Yes No
- Have you ever been convicted of a felony? Yes No
- Have you ever been convicted, received withheld judgment or pled to *any* sex-related charge? Yes No
- Have you ever been convicted, received withheld judgment or pled to a drug-related offense? Yes No
- Have you ever been convicted, received withheld judgment or pled to an act of violence, including domestic violence? Yes No
- Has your professional license ever been revoked, suspended or placed on conditions? Yes No
- Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed agreement? Yes No
- Have you ever been the subject of an investigation by a school district or any other employer? Yes No
- Have you ever had sanctions placed on your teaching certificate for any reason? Yes No
- Have you ever been denied a teaching certificate anywhere? Yes No
- Is disciplinary action currently pending anywhere against your certificate? Yes No
- Is anyone living at the same address as applicant required to register for the Sex Offender Registry? Yes No

If you have answered "yes" to any of the above questions 2-14, 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 Weiser School District, which may be considered in evaluating my qualifications for employment.

Date _____ Signature of Applicant _____



***Our Vision:
 To be the highest
 achieving rural school
 district in the State of
 Idaho***

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