

IDALIA SCHOOL DISTRICT

RJ-3



P.O. BOX 40
IDALIA, COLORADO 80735
(970) 354-7298
johnsonm@idaliaco.us

APPLICATION FOR CERTIFIED EMPLOYMENT

Dr.
Mr.
Mrs. _____
Miss LAST FIRST MIDDLE
Ms.

Date _____

Position Desired (First Preference Only) _____

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Before final consideration for employment, the candidate must have on file in the district office a complete set of transcripts and/or a placement file. It is the candidate's responsibility to see that the transcripts and/or placement files are provided. A screening interview is also required. Out-of-state candidates should write to the Colorado Department of Education, 201 E Colfax Ave., Denver, CO 80203, regarding licensing. CDE phone (303) 866-6628. All Applicants must qualify for Colorado Certification prior to employment.

This District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

PERSONAL DATA (Please type or print)

1. Name _____ 2. Social Security No. _____
3. Other names used _____ Dates of Usage _____
4. Home mailing address: _____ 5. Business mailing address: _____
- Street _____ Street _____
- City _____ City _____
- Zip _____ Phone _____ Zip _____ Phone _____
- Email _____

6. **POSITION DESIRED:**

ELEMENTARY: (Grades Pre-School – 4) List in order of preference. Elementary endorsement.

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

MIDDLE SCHOOL: Grades 5 – 6 (Elementary endorsement) 7 – 8 (Total semester hours in subject area)

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

HIGH SCHOOL: Grades 9 – 12: List subject area preferences & total semester hours acquired in each area

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

7. When will you be available? _____
8. Present Position _____
9. Reason for leaving present position _____
10. Present (or most recent) administrative supervisor (s):

- | | | | |
|--|------|----------|-------|
| | Name | Position | Phone |
|--|------|----------|-------|
11. Have you ever been dismissed or asked to resign from a position? (Please check) Yes No
 If yes, explain: _____
12. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate? (Please check) Yes No
 If yes, explain: _____

LICENSE

13. Colorado (or other state) license(s) now held: (Candidates are responsible for obtaining proper licenses.)
 Submit photocopy of license(s).

LICENSES	EXPIRATION DATE

EDUCATIONAL PREPARATION (See Resume" is not sufficient)

14. School(s) attended:

NAME OF SCHOOL	LOCATION	NUMBER OF YEARS ATTENDED	DATES		GRADUATION	
			YEAR	DEGREE	YEAR	DEGREE
HIGH SCHOOL						
UNDERGRADUATE						
GRADUATE						
GRADUATE						

Highest degree earned: _____ Graduate semester hours after highest degree: _____

Undergraduate major: _____ Undergraduate minor: _____

G.P.A. _____ G.P.A. _____

Graduate degree(s) in: _____ G.P.A. _____

G.P.A. _____ G.P.A. _____

College activities in which you participated _____

STUDENT TEACHING EXPERIENCE:

15. Assignment and location:

NAME OF SCHOOL	LOCATION		GRADES OR SUBJECTS TAUGHT	NO. YEARS	DATES		REASON FOR LEAVING
	CITY	STATE			BEGINNING	ENDING	

WORK EXPERIENCE:

16. CONTRACTUAL TEACHING ONLY: List most recent experience first. **DO NOT** list substitute-teaching experience. ("See resume" is not sufficient.)

NAME & TYPE OF SCHOOL Elem./Jr.High/Sr. High/Etc.)	COMPLETE ADDRESS (list street, city, state, zip)	GRADE (S) OR SUBJECT (S) TAUGHT	NO. YEARS	DATES		REASON FOR LEAVING
				BEGINNING	ENDING	

(List additional years on separate sheet)

17. OTHER WORK EXPERIENCE: List most recent experience first. (Include substitute teaching here.)

EMPLOYER	LOCATION	NATURE OF WORK	DATES

ACTIVITIES AND ABILITIES

18. Describe your special abilities or talents (e.g. sports, drama, etc.) _____

19. Activities you are able and interested in sponsoring/coaching: _____

PERSONAL INFORMATION REFERENCES:

20. Give names and complete addresses of at least three references that are familiar with your personality, character and work performance.

NAME	YEARS KNOWN	OFFICIAL POSITION	ADDRESS			
			STREET	CITY	STATE	PHONE

PHILOSOPHY OF EDUCATION AND ADDITIONAL INFORMATION

- 21. Why are you seeking a position with Idalia School District RJ-3?
- 22. Concisely highlight the major contribution you will make to our children.
- 23. Present any additional information regarding your abilities not dealt with earlier.
(Additional information may be listed on separate sheet.)

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

Signature

Date