

COUNCIL SCHOOL DISTRICT NO. 13  
Office of the Superintendent  
P.O. Box 468  
Council, ID 83612  
Phone 208-253-4217/Fax 208-253-4297

# APPLICATION

Of

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(Last Name) (First Name) (Middle Initial)

Present  
Address: \_\_\_\_\_

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Until: \_\_\_\_\_, 20 \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent  
Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

## FOR POSITION AS

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I am currently under contract for the coming school year. Yes \_\_\_ No \_\_\_.

I will be able to indicate acceptance of a contract, if offered, following \_\_\_\_\_.

I solemnly swear (affirm) that the statements included in this application are true and correct.

I understand that: (1) Any contract issued to a teacher is conditioned upon the teacher having an Idaho Teacher's Certificate valid of the whole of the period of service covered by the contract and for courses or grades being taught by said teacher and (2) Any false statement made in this application shall constitute sufficient grounds for voiding at the discretion of the Board any contract issued to the teacher.

All colleges or universities which I have attended are hereby authorized to provide at my expense a transcript of credit for all my work. Upon request I will provide all pertinent physical and health information which may affect my competence as a teacher.

Date: \_\_\_\_\_  
(Signature of Applicant)

## EXPERIENCE

The following is a complete list of all employment as a School Counselor. Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Location of school	School Year	No. of Months	Annual Salary	School Size	Assignments Position held; duties performed
Total years of counseling experience					Please attach additional sheets as needed.

Other Employment	Employer Name, Address & Phone #	Dates of Employment

## EDUCATION

Include High School, College, University and Summer Schools

Name and Location of Institution	Period (s) Attended	Date of Graduation	# of Semester Credits	Major	Minor	Degree or Diploma

If employed, a teacher must provide a current official transcript of all college work completed for file in the central office. This will not be returned to the employee.

Name as printed on Social Security Card \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Title of Valid Certificate(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Endorsements: \_\_\_\_\_

If you do not hold a valid Idaho Certificate, have you submitted an application for a certificate to the State Department of Education? \_\_\_\_\_ If so, on what date? \_\_\_\_\_

Have you received an evaluation of your application for an Idaho Certificate? \_\_\_\_\_

If so, what deficiencies were listed by the State Department of Education? \_\_\_\_\_

Condition of health during past two years: Excellent \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Number of days ill during past year: 5 or less \_\_\_ 6-10 \_\_\_ 11-16 \_\_\_ 16 or more \_\_\_\_\_

Estimated number of days of transferable accumulated sick leave if employed in an Idaho school district last year: \_\_\_\_\_

Special accommodations needed for physical handicap if any: \_\_\_\_\_

**IMPORTANT** All questions must be answered. If answer is yes, please use extra sheet and explain fully.

- a. Have you ever had a diploma, credential or certificate denied, revoked or suspended? YES \_\_\_\_\_ NO \_\_\_\_\_
- b. Have you ever failed or refused to fulfill a contract of employment entered into by you with any school district? YES \_\_\_\_\_ NO \_\_\_\_\_
- c. Have you ever been dismissed from any teaching position? YES \_\_\_\_\_ NO \_\_\_\_\_
- d. Have you ever been charged with or convicted of a misdemeanor or felony? YES \_\_\_\_\_ NO \_\_\_\_\_

**ABILITY TO DIRECT STUDENT ACTIVITIES:**

List those activities in which you have participated: \_\_\_\_\_

List those which you feel competent to sponsor or direct: \_\_\_\_\_

List those which you have successfully directed: \_\_\_\_\_

**REFERENCES**

If you have not been employed three or more years and if your credentials do not indicate the following information please include it below: The name and location of and date during which student teaching was secured. Include the principal, cooperating teacher and college supervisor in the references below.

If you credentials are not on file at a Placement Bureau, please complete the following list of references. Applicants who have taught recently must list the name of the superintendent and principal of the last place in which they taught.

- 1—Superintendents, supervisors and principals who have observed your work.
- 2—Professors and instructors with whom you have studied.
- 3—Any person outside the field of education who knows you well enough to evaluate your character.

	NAME	POSITION	PRESENT ADDRESS
1			
2			
3			

Please provide any additional information which you believe will assist in arriving at a true estimate of your qualifications.