

# Melba School District No. 136

511 Broadway

PO Box 185

Melba, Idaho 83641

208-495-1141 Ext. 1086 Fax: 208-495-9794

## **CERTIFIED APPLICATION INSTRUCTIONS**

Complete the application in your own handwriting. Your application will remain active for **one year** from the date received. To keep your file active after that, you must contact the District Office in writing and include an updated resume.

You will be considered for all positions for which you are qualified. In order for your application to be considered "complete", you are required to include the items listed below along with the application.

- ✓ Include: A resume
- ✓ Include: A copy of your transcripts must be included in order for your application to be considered complete. **Upon hire and prior to issuance of a contract, an official copy of your transcripts is required.**
- ✓ Include: Three (3) letters of teaching related recommendations.
- ✓ Include: A copy of your Idaho Education Credential Certificate or current Teaching Certificate and list all current endorsements on the application. If endorsements are pending, please list date of anticipated completion. **Employee will not be issued a contract until an Idaho Teaching Certificate is received.**
- ✓ Include: A copy of your Idaho Praxis results or documentation from your previous employer to verify your NCLB Highly Qualified Status.
- ✓ Once your completed application is submitted, a copy will be sent to the building administrator with the opening for screening. If they are interested, they will contact you for an interview. **Please do not call or visit the principals.**

### **Mail completed Application to:**

Melba School District No. 136  
PO Box 185  
Melba ID 83641

Email: [jengle@melbaschools.org](mailto:jengle@melbaschools.org)

**Incomplete applications will not be considered.**

# Melba School District No. 136

511 Broadway

PO Box 185

Melba, Idaho 83641

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## APPLICATION FOR CERTIFIED POSITION

Melba School District No. 136 is an equal employer/educator with a drug, alcohol, and tobacco free environment. Discrimination based on age, sex, creed, color, race, national origin, ancestry, religion, marital status, military status, citizenship status, pregnancy or handicapping condition does not exist in the District. Equal access to employment, services, and programs is available to all persons. Appropriate consideration shall be given to veterans in accordance with applicable state and federal laws and regulations. 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 Jackie Engle, Administrative Assistant or Dalelyn Allen, Business Manager.

PERSONAL INFORMATION			
Position(s) Applied For		Date of Application	
Last Name Name	First Name	Middle	
Other Names that files might be listed under			
Address Code	City	State	Zip
Home Phone Number	Cell Phone Number	E-Mail Address	
Are you a veteran? ____ Yes or ____ No If yes, please attach a copy of your DD-214 form			

CERTIFICATION(S)		
Certificate	Endorsement	Expiration Date
Highly Qualified per NCLB? ____ Yes or ____ No	National Board Certified? ____ Yes or ____ No	Literacy Certificate? ____ Yes or ____ No

# EMPLOYMENT HISTORY

List all positions held six (6) months or more. Begin with your last position.

Are you presently under contract with another school district? \_\_\_\_ Yes \_\_\_\_ No

Total Contract Experience: Teaching \_\_\_\_\_ Administration \_\_\_\_\_

Service	Month	Year	Position Grade/Subject	District & School Employer	Address	Select Detail
From					Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Private Schl
To					City State Zip	
Reason For Leaving					Principal/Supervisor and Phone number	
Service	Month	Year	Position Grade/Subject	District & School Employer	Address	Select Detail
From					Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Private Schl
To					City State Zip	
Reason For Leaving					Principal/Supervisor and Phone number	
Service	Month	Year	Position Grade/Subject	District & School Employer	Address	Select Detail
From					Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Private Schl
To					City State Zip	
Reason For Leaving					Principal/Supervisor and Phone number	
Service	Month	Year	Position Grade/Subject	District & School Employer	Address	Select Detail
From					Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Private Schl
To					City State Zip	
Reason For Leaving					Principal/Supervisor and Phone number	

## PROFESSIONAL REFERENCES

List at least three (3) 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	Accessible Phone #

## EDUCATION

List all college and university preparation.

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

## STUDENT TEACHING EXPERIENCE

If you have more than one year contract teaching experience, you may omit this section.

From Mo/Yr	To Mo/Yr	Grade Level or Subjects Taught	Name and School Address of Cooperating Teacher	Unique Aspects of Assignments
			Name _____ School _____ Address _____ Phone _____	
			Principal's _____ Name Phone _____	
Status – Check One  <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started				

# ACTIVITIES

CO-CURRICULAR ACTIVITIES YOU WOULD BE WILLING TO LEAD.  
(Example: yearbook, pep club, student council, honor society.)

ATHLETIC ACTIVITIES YOU WOULD BE WILLING TO COACH.  
Please indicate the level of experience. (Example: Head Coach, Assistant Coach)

List the areas of interest in which you have experience.

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

List the activities in which you have experience.

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

List areas of interest in which you have no experience, but are interested in assisting:

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

List areas of interest in which you have no experience, but are interested in assisting.

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

List personal interest and activities:

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

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

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

# CRIMINAL HISTORY BACKGROUND STATEMENT

Applicants Note: Answer all questions on this form. Incomplete information may cause your application to be delayed or rejected.

PLEASE PRINT

State	Driver License Number	Last Name	First Name	Middle Name	Date of Birth	Sex	Social Security Number
Address			City	State	Zip	Telephone	

List maiden/other names previously used.

List other states where you have resided as an adult. (above eighteen (18) years of age)

YOU MUST CHECK YES OR NO TO EACH QUESTION BELOW.

1. Have you ever been convicted of an offense other than a minor traffic violation? (DUI and DWI convictions are not minor and must be reported)	___ Yes ___ No
2. Have you ever been charged with a felony?	___ Yes ___ No
3. Have you ever been convicted of a felony?	___ Yes ___ No
4. Have you ever been charged (even if no contest or charges dropped or pled down) with a sex related offense?	___ Yes ___ No
5. Have you ever been convicted of a sex-related offense?	___ Yes ___ No
6. Have you ever been charged (even if no contest or charges dropped or pled down) with a drug-related offense?	___ Yes ___ No
7. Have you ever been convicted of a drug-related offense?	___ Yes ___ No
8. Have you ever been charged for an act of violence, including domestic violence?	___ Yes ___ No
9. Have you ever been convicted for an act of violence, including domestic violence?	___ Yes ___ No
10. Has your professional license ever been suspended or revoked?	___ Yes ___ No
11. Have you ever been discharged or separated from a position with a school district or been asked to resign a licensed arrangement?	___ Yes ___ No
12. Have you ever been the subject of an investigation by a school district or any other employer?	___ Yes ___ No
13. Are you currently under investigation or facing pending criminal charges in Idaho or in any other state or country?	___ Yes ___ No
14. Have you ever had sanctions placed on your teaching certificate for any reason?	___ Yes ___ No
15. Have you ever been denied a teaching certificate anywhere?	___ Yes ___ No
16. Have you ever voluntarily relinquished a teaching certificate?	___ Yes ___ No
17. Is disciplinary action currently pending anywhere against your certificate?	___ Yes ___ No

**Note: For the purpose of questions 3, 5, 7 and 9, "convicted" means:**

1. All instances in which a plea of guilty or nolo contendere is the basis of conviction;
2. All proceedings in which a sentence has been suspended, deferred, or withheld; and,
3. All proceedings in which the prosecution was deferred.

**If you have answered yes to any of these questions, please attach a written explanation. If your misdemeanor conviction is less than five (5) years old, relevant court documents must accompany this application. All felony convictions require relevant documents from the arresting law enforcement agency and the court that oversaw the final disposition. All documentation regarding any limitations to a teaching certificate, including, but not limited to revocation, suspension, sanctions, denial or voluntary relinquishment, must also be included.**

# APPLICANT'S STATEMENT

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 I will be required to possess a current valid Idaho driver's license if the position applied for requires driving the course of work. I understand that I will also be required to provide a copy of my official driving record and proof of insurance and that any offer of employment is contingent upon my ability to be covered by the Melba School District auto insurance, if required for position applied for.

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 and 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.

I understand that fingerprinting and a criminal record check are required by the law for any successful applicant of the Melba School District. The cost of fingerprinting is considered an expense to the applicant upon hire and **will not be reimbursed** by the Melba school District. The current processing fee for fingerprinting is approximately \$45.00. **Any offer of employment is contingent upon clearance for continued employment by the State Department of Education.** I understand there will also be a screening completed through the Central Sex Offender Registry of Idaho.

As part of my application for employment, I hereby consent to and authorize the release of any and all information to Melba School District, which may be considered in evaluating my qualifications for employment. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information.

In the event I am employed by the Melba School District, I agree to abide by all its applicable policies, procedures, rules and regulations.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature



# Melba School District #136

P.O. Box 185, 511 Broadway, Melba, ID 83641

Phone 208-495-1141 Fax 208-495-9794

## Authorization for Release of Information on Past Employment with School Employers Idaho Code 33-1210

Idaho Law requires Applicants for any position at any Idaho Public School to allow the hiring School District Employer to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance of the Applicant when such Applicant was employed by any other public school, whether in Idaho or any other state.

Before hiring an Applicant for any position, the District must request the Applicant sign this form. Should the Applicant refuse or fail to sign this form, the District is not permitted to hire the Applicant for any position. This authorization does not limit any employer from seeking additional information or disclosures from any Applicant.

This form:

1. Authorizes current and past public school employer of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to the hiring District all information relating to the job performance and/or job related conduct of the Applicant and make available to the hiring school district copies of all documents in the previous employer's personnel file, investigative file or other files relating to the job performance of the Applicant; and
2. Releases the Applicant's/undersigned's current and past employers, and employees acting on the behalf of the employer, from any liability for providing the above-mentioned information.

### Idaho Code 33-1210 Release

I understand that the above requirements are a condition of my obtaining employment with the District and I consent to my current and former employers, both inside and outside the State of Idaho, upon receipt of this signed authorization, complying with Idaho Law. I further consent that such authorization may be provided to the hiring District via electronic means.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Identifying Employee Number/Name of Applicant or other identifying information for past employer

\*Information obtained through the use of the Release will be used only for the purpose of evaluating the qualifications of the Applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.

\*A Copy of this Release and all information obtained through use of the Release will be placed into the Applicant's Personnel File with the District upon employment of the Applicant, if any.

\*An applicant's failure to disclose any former School District employer, whether within or outside of the State of Idaho, will serve as the basis for immediate termination and, for certificated personnel, may also result in the District's report of the individual to the Idaho Professional Standards Commission for a potential violation of the Code of Ethics for Professional Educators.

\*By accepting an executed copy of this form, the hiring School District makes no guarantee or promise of employment to the Applicant. Further, the hiring School District may employ the Applicant on a conditional basis pending review of the information gathered pursuant to this Release. Such conditional employment is not a guarantee or promise of continued employment with the hiring School District for any length of time pursuant to any additional conditions.