

- Identify foreign language(s) you can read and speak fluently. _____
- List any other special training you feel is pertinent to the position for which you are applying.

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(List those you are capable and willing to supervise): (e.g., Curriculum, Staff Development, Team Leader, etc.)

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

CERTIFICATES / LICENSES

- All candidates must list their certificates. Nurses, occupational therapists and physical therapists must also list their license data.

State	Type	Endorsements	Certificate Number	Date Issued	Expiration Date

EMPLOYMENT HISTORY

- Are you presently under contract? No Yes – *If yes, with whom?* _____
 - What is your present position (Title)? _____ Are you a former employee of the Lapwai School District?
 No Yes
 - If so, list dates and positions: _____
- _____
- Are you presently involved in an employment situation where non-renewal, discharge or discipline is being discussed?
 No Yes

CERTIFICATED EXPERIENCE (including substitute experience)

- List most recent experience first. Include student teaching/practicum only if you are a beginning teacher.

Dates From/To	District	Location-City/State	No. of Years	Full Time	Part Time	Subjects Taught or Positions Held	Reason for leaving

TECHNOLOGY – Identify all computer systems and software you have a working knowledge of; number of years training and/or experience: _____

EDUCATION

- List all colleges attended.

<i>Name of Institution</i>	<i>Dates Attended</i>	<i>No. Years</i>	<i>Degree</i>	<i>Major</i>	<i>Minor</i>

REFERENCES

- List references including principals, supervising teachers, and college supervisors under whom you have taught or persons who have firsthand knowledge of your personal and professional competencies.

<i>Name</i>	<i>Address Street/City/Zip</i>	<i>Official Position</i>	<i>Telephone (Inc. area code)</i>
1.			
2.			
3.			
4.			

REMINDER

- Please use the following checklist as your guide to fulfilling the requirements for a **complete application file**.

- CHECKLIST**

<i>Mandatory</i>	<i>Mandatory</i>
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1. Complete Lapwai School District Application Form	Optional Confidential Data Form (Insert A)
2. General Cover Letter	
3. Current Résumé	
4. College Placement File en route or letters of reference (3)	
5. Disclosure Form (Insert B)	
6. Copies of College Transcripts	
7. Copies of Praxis test if applicable	
8. Copies of valid Idaho State Teaching Certificate(s)	

Applications will remain in active status for two years.

CERTIFICATION, AUTHORIZATION AND RELEASE

I hereby certify that all the information I have provided in this application is true and correct. I authorize the Lapwai School District to make an investigation of my personal, educational, vocational and/or employment history. I further authorize any current/former employer, person, firm, corporation, educational or vocational institution, or governmental agency to provide the Lapwai School District with information regarding me. I hereby release and discharge the Lapwai School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that if an offer of employment is made to me, I will provide verification of my certification, education and experience. I understand and agree that falsification of any part of this application shall be sufficient cause for dismissal or refusal to hire. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. I understand that any offer of employment that may be made to me is criminal history background information check, and approval of the District's Board of Directors.

Applicant Signature: _____

Date: _____

THE LAPWAI SCHOOL DISTRICT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Lapwai School District prohibits discrimination based on race, color, religion, creed, national origin, gender, marital status, age, pregnancy, or the presence of a disability, or any other basis prohibited by law. The District is an equal opportunity employer, supports the spirit, policies and practices of affirmative action.

Inquiries regarding compliance and complaint procedures can be directed to:

Affirmative Action/Title IX/ American with Disabilities Act/504 Officer:

Terry N. Smith, Superintendent (208) 843-2622

SUBSTITUTE APPLICATION

APPLICATION INFORMATION

Name (Please Print) _____
Last First M.I. Date

P.O. Box / Street Address: _____

(City) _____ (State) _____ (Zip) _____ Phone: () _____

(E-Mail Address) _____

CERTIFICATION

Certification Type : _____

Endorsements: (1) _____ (2) _____ (3) _____

Expiration Date: _____

First Aid/CPR License Yes No If Yes, Expiration Date: _____

Food Handlers Yes No If Yes, Expiration Date: _____

CDL/S endorsement Yes No If Yes, Expiration Date: _____

CLASSIFIED SUBSTITUTE: Bus Driver Cook Maintenance Aide Clerical

AVAILABILITY

What other districts do you sub for? _____

CHECK (x) the times/days that you are available to substitute:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Days:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Days AM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Days PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any limitation on your assignment: _____

Grade Level Preference

All Elementary Middle School (6-8) High School (9-12)

In which **grades** do you feel most comfortable teaching?

Which **subjects** areas do you feel most comfortable teaching?

Are there any subjects that you **will not** teach?

What are your "special areas"? (Music, Home Econ., PE, etc.)

In which foreign languages are you willing to substitute?

ADDITIONAL FORMS TO BE COMPLETED WHEN SUBSTITUTING

I-9 W-4 Idaho State/FBI Background check

MUST HAVE WITH YOU AT THE TIME OF APPLICATION

Idaho State Teaching Credentials (if applicable) Original Social Security Card ID Card