

**TROY SCHOOL DISTRICT #287**  
P.O. BOX 280 TROY, IDAHO 83871-0280 (208) 835-3791

**PROFESSIONAL EMPLOYMENT APPLICATION**  
(Please Print or Type)

NAME: \_\_\_\_\_  
Last First M.I. SOCIAL SECURITY NUMBER

CURRENT ADDRESS \_\_\_\_\_ ALTERNATE ADDRESS \_\_\_\_\_  
Number or P.O. Box Street Apt. Number or P.O. Box Street Apt.  
City State Zip City State Zip

until \_\_\_\_\_  
TELEPHONE ALTERNATE TELEPHONE ALTERNATE TELEPHONE

E-MAIL ADDRESS: \_\_\_\_\_ MONITORED:  DAILY  WEEKLY  OCCASIONALLY

POSITION APPLIED FOR: \_\_\_\_\_ BEGINNING: \_\_\_\_\_

**CERTIFICATION**

CURRENT IDAHO CERTIFICATE(S) AND ENDORSEMENT(S): \_\_\_\_\_

OTHER STATE CERTIFICATE(S) AND ENDORSEMENT(S): \_\_\_\_\_

K-8: COMPLETED:  IDAHO MATHEMATICAL THINKING FOR INSTRUCTION COURSE  IDAHO COMPREHENSIVE LITERACY COURSE

**EXPERIENCE** (Please list all employment, including Student Teaching, during the past 5 years, at least, starting with most recent)

POSITION Include Grade Level, Subject, etc.	SCHOOL DISTRICT OR EMPLOYER Include City, State	PHONE NUMBER	DATES		MAY WE CONTACT?
			From	To	
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EDUCATION** (Please list all activity after high school, starting with most recent)

<u>COLLEGE OR UNIVERSITY</u> Include City, State	<u>DATES</u> From To	<u># OF CREDITS</u> Semester or Quarter	<u>GPA</u>	<u>MAJOR(S)</u>	<u>MINOR(S)</u>	<u>DEGREE &amp; DATE</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**REFERENCES** (May be omitted if at least 3 letters of recommendation are being forwarded)

<u>NAME</u>	<u>POSITION</u>	<u>TELEPHONE</u>	<u>E-MAIL</u> if available	<u>TYPE OF REFERENCE</u> Employer, Teacher, Personal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SIGNATURE**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you ever had a diploma, credential, or professional certificate revoked or suspended? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever failed to complete the terms of a professional contract?                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been convicted of a felony?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are you a military veteran?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

(For any "YES" answers, attach a separate page with details)

I certify that the information herein is true, complete, and correct, to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on the application may result in my dismissal. I authorize Troy School District to make inquiry of my present and past employers and/or professional associates regarding my character, integrity, and reputation, with the following exceptions:

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Troy School District #287 is an Equal Opportunity Employer, committed to a policy of non-discrimination on the basis of race, color, creed, national origin, religion, age, disability or gender in its educational programs and employment practices.*