IDALIA SCHOOL DISTRICT RJ-3

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

APPLICATION FOR CERTIFIED EMPLOYMENT

5	LAST	FIRST	MIDDLE

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
	ZipPhone	Zip Phone
	Email	
6.	1 2	st in order of preference. Elementary endorsement.
7.	When will you be available?	
8.	Present Position	
9.	Reason for leaving present position	
10.	Present (or most recent) administrative supe	ervisor (s):
11.		Position Phone resign from a position? (Please check) ☐ Yes ☐ No
12.	Have you ever resigned rather than face dis disciplinary action against a license/certific If yes, explain:	
LICE		
13.	Colorado (or other state) license(s) now hel Submit photocopy of license(s).	d: (Candidates are responsible for obtaining proper licenses.)
	LICENSES	EXPIRATION DATE

EDUCATIONAL PREPARATION (See Resume" is not sufficient)

School(s) attended:

14. School(s) attended.	1)	T		
		NUMBER OF		GRAD	UATION
NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DATES	YEAR	DEGREE
HIGH SCHOOL					
UNDERGRADUATE					
GRADUATE					
GRADUATE					

Highest degree earne	d:		Graduate	e semeste	r hours after	highest do	egree:
Undergraduate major	:			Unde	rgraduate mi	nor:	
<i>E</i> 3			G.P.A.		C	· · · · · · · · · · · · · · · · · · ·	G.P.A.
Graduate degree(s) in:							
			G.P.A.				G.P.A.
College activities in which	h you part	ticipated _					
	NO EXI		OF.				
STUDENT TEACHI	NG EXI	PERIEN	CE:				
15. Assignment a	nd locati	ion:					
	LOCA	ATION	GRADES OR	NO.	DATI	ES	
NAME OF SCHOOL	CITY	STATE	SUBJECTS TAUGHT	YEARS	BEGINNING	ENDING	REASON FOR LEAVING

WORK EXPERIENCE:

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

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

(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

Δ	CTIV	JITI	FC	ΔN	$D \Delta$	RII	IT	IF C

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.

	YEARS				ADDRESS	
NAME	KNOWN	OFFICIAL POSITION	STREET	CITY	STATE	PHONE

	OF EDUCATION		

- 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