

***Idalia School District RJ-3***  
*P.O. BOX 40*  
*26845 Road 92-Idalia, CO 80735*  
*Phone 970-354-7298 Fax 970-354-7416*

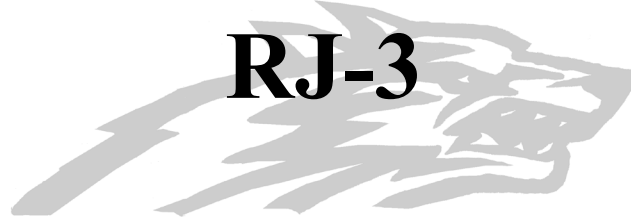
A complete certified application includes the following documents:

- cover letter
- completed application
- professional license
- resume
- transcripts
- 3 letters of recommendation

Any questions, please contact Superintendent Myles Johnson at  
[johnsonm@idaliaco.us](mailto:johnsonm@idaliaco.us) or (970) 354-7298.

# IDALIA SCHOOL DISTRICT

## RJ-3



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

## APPLICATION FOR CERTIFIED EMPLOYMENT

Dr.  
Mr.  
Mrs. \_\_\_\_\_  
Miss                      LAST                      FIRST                      MIDDLE  
Ms.

Date \_\_\_\_\_

Position Desired (First Preference Only) \_\_\_\_\_

### 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. Mailing address: \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_
- Zip \_\_\_\_\_
- Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Email \_\_\_\_\_
6. POSITION DESIRED:  
ELEMENTARY: (Grades Pre-School – 4) List in order of preference. Elementary endorsement.  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
- MIDDLE SCHOOL: Grades 5 – 6 (Elementary endorsement) 7 – 8 (Total semester hours in subject area)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
- HIGH SCHOOL: Grades 9 – 12: List subject area preferences & total semester hours acquired in each area  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
7. When will you be available? \_\_\_\_\_
8. Present Position \_\_\_\_\_
9. Reason for leaving present position \_\_\_\_\_
10. Present (or most recent) administrative supervisor (s):  
\_\_\_\_\_  
Name Position Phone
11. Have you ever been dismissed or asked to resign from a position? (Please check) ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
12. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate? (Please check) ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

## LICENSE

13. Colorado (or other state) license(s) now held: (Candidates are responsible for obtaining proper licenses.)  
Submit photocopy of license(s).

LICENSES	EXPIRATION DATE

**EDUCATIONAL PREPARATION** (See Resume” is not sufficient)

**14. School(s) attended:**

NAME OF SCHOOL	LOCATION	NUMBER OF YEARS ATTENDED
HIGH SCHOOL		
UNDERGRADUATE		
GRADUATE		
GRADUATE		

Highest degree earned: \_\_\_\_\_ Graduate semester hours after highest degree: \_\_\_\_\_

Undergraduate major: \_\_\_\_\_ G.P.A. \_\_\_\_\_ Undergraduate minor: \_\_\_\_\_ G.P.A. \_\_\_\_\_

Graduate degree(s) in: \_\_\_\_\_ G.P.A. \_\_\_\_\_

College activities in which you participated \_\_\_\_\_

**STUDENT TEACHING EXPERIENCE:**

**15. Assignment and location:**

NAME OF SCHOOL	LOCATION CITY, STATE	GRADES OR SUBJECTS TAUGHT	NO. YEARS

**WORK EXPERIENCE:**

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

NAME & TYPE OF SCHOOL Elem./Jr.High/Sr. High/Etc.)	ADDRESS (City, state)	GRADE (S) OR SUBJECT (S) TAUGHT	NO. YEARS	REASON FOR LEAVING

(List additional years on separate sheet)

**17. OTHER WORK EXPERIENCE:** List most recent experience first. (Include substitute teaching here.)

EMPLOYER	ADDRESS (City, State)	Nature of Work	NO. YEARS	REASON FOR LEAVING

## ACTIVITIES AND ABILITIES

18. Activities you are able and interested in sponsoring/coaching: \_\_\_\_\_

\_\_\_\_\_

## PERSONAL INFORMATION REFERENCES:

19. Give names and complete addresses of at least three references that are familiar with your personality, character, and work performance.

NAME	POSITION	NO. YEARS	PHONE NUMBER	EMAIL ADDRESS

## PHILOSOPHY OF EDUCATION AND ADDITIONAL INFORMATION

20. Why are you seeking a position with Idalia School District RJ-3?

21. Concisely highlight the major contribution you will make to our children.

22. 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*