

If you have not been previously employed in a teaching position, please complete the following:

STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1.
		2.
		1.
		2.

Student Teaching References:

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

REFERENCES

References should include supervisors, superintendents, principals, professors, and other colleagues who have first-hand knowledge of your professional competence and your personal qualifications. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:

**WORK
EXPERIENCE**

Employer (1)	Job title	Dates employed
_____	_____	_____
Work phone	Starting pay rate	Ending pay rate
_____	_____	_____
Address City State Zip		

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Employer (2)	Job title	Dates employed
_____	_____	_____
Work phone	Starting pay rate	Ending pay rate
_____	_____	_____
Address City State Zip		

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Employer (3)	Job title	Dates employed
_____	_____	_____
Work phone	Starting pay rate	Ending pay rate
_____	_____	_____
Address City State Zip		

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Employer (4)	Job title	Dates employed
_____	_____	_____
Work phone	Starting pay rate	Ending pay rate
_____	_____	_____
Address City State Zip		

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Employer (5)	Job title	Dates employed
_____	_____	_____
Work phone	Starting pay rate	Ending pay rate
_____	_____	_____
Address City State Zip		

EDUCATION

School	Major	Dates Attended
_____	_____	_____
AA BA MA PhD	Graduation Date	In Process Credits
AS BS MS DO	_____	_____
Address City State Zip		

School	Major	Dates Attended
_____	_____	_____
AA BA MA PhD	Graduation Date	In Process Credits
AS BS MS DO	_____	_____
Address City State Zip		

PREFERENCE INFORMATION:

Are you a member of the Shoshone-Bannock Tribes? _____ Yes _____ No

If yes, provide a copy of your tribal identification card.

Are you a member of another Federally recognized tribe? _____ Yes _____ No

If yes, provide a copy of tribal identification card.

Are you a veteran of the United States military? _____ Yes _____ No

If yes, provide copy of DD-214.

CTEA is an equal opportunity organization that adheres to TERO and Veteran preference laws.

GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense? Yes No

Are you currently under charges for a criminal offense? Yes No

Have you ever forfeited bond or collateral in connection with a criminal offense? Yes No

Have you ever been professionally disciplined in any state? Yes No

Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.

Are you subject to any visa or immigration status, which would prevent lawful employment? Yes No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

Chief Tahgee Elementary Academy
Certification and Release Authorization

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the application questions. I understand that any misrepresentation of information may be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Chief Tahgee Elementary Academy may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information

However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Social Security #

Printed Name of Candidate

Date

Signature of Candidate

PLEASE REMIT TO:

**CHIEF TAHGEE ELEMENTARY ACADEMY
P.O. Box 217
Fort Hall, ID 83203**

**ATTN: Sherice Gould, Human Resources Director
(208) 237-2710 Office
(208) 237-1734 Fax**

sherice.gould@cteacademy.org