

APPLICATION

AN APPLICATION FOR A CERTIFICATED POSITION IN THE

Cambridge School District #432
 40 North 4th Street
 PO Box 39
 Cambridge, ID 83610

Phone: 208-257-3321
 Fax: 208-257-3323
www.cambridge432.org
clakey@cambridge432.org

Name: _____ email: _____
 (last) (first) (middle)

Current Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Use Current Address Until this Date: _____ Cell #: _____

Primary position for which you are applying: _____

Other positions for which you are qualified: _____

If you have a valid Idaho Teaching Certificate complete the following:

Type of Certificate: _____ Expiration Date: _____

Endorsement(s): _____

If you do not have a valid Idaho Teaching Certificate, explain plans for obtaining one:

Have you ever had a teaching certificate suspended or revoked? No Yes

If Yes, please explain: _____

Have you ever been convicted of a felony?						No		Yes
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If Yes, please attach a brief explanation.

EDUCATIONAL TRAINING (list in order of attendance starting with most recent)

College/University	Location	Date From	Date To	Degree Earned	Date of Degree	Major	Minor	# of Credits

TEACHING AND JOB-RELATED EXPERIENCE

List more recent experience first--include military if assignment was teaching or instruction.

Employer Name	Superintendent or Supervisor	Supervisor Phone #	Date From	Date To	Position Held

EXTRA-CURRICULAR ACTIVITIES

(Mark applicable columns with "X")

Name of Activity	Name of School or Organization	Directed/Coached	Assisted	Qualified/Able to Direct or Coach	Date From	Date To

REFERENCES

Name	Title	Address	Phone #

I hereby certify that the information herein is a true and complete statement of my personal/professional record to date.				
Signature:			Date:	
<i>Cambridge School District #432 is an Equal Opportunity/Affirmative Action Employer</i>				