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

Cambridge, ID 83610						ge432.org					
Name:					email:						
	(last)	(first)		(middle)							
Current Address:							Phone:				
Permanent Address:							Phone:				
Use Curi	ent Address Unti	1 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:					
Endorse	ment(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, p	ease explain:										
Have yo	ı ever been convi	icted of a felony?				No		Yes			
_	ease attach a brie	ef explanation. ING (list in order of	attendance sta	rting with most	recent)						
	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	Superintendent or	r Supervisor		Date	Date						
Name	Supervisor	Phone	Phone #		То	Position Held					
EXTRA-CURRICULAR ACTIVITIES											
			icable columns		I						
	Name of School or	Directed/		Qualified/Able		Date	Date				
Name of Activity	Organization	Coached	Assisted	to Direct or	Coach	From	То				
REFERENCES											
Name		Address				Phone #					
I haraby cartify that the i	nformation herein is a true and o	omnlata statamant	of my personal	l/professional							
record to date.	inormation nerein is a true and t	ompiete statement	or my personal	i protessionar							
					Date						
Signature: Date:											

Cambridge School District #432 is an Equal Opportunity/Affirmative Action Employer