

**Idaho Arts Charter School
904 12th Ave. Rd.
Nampa, ID 83686**

January 1, 2007

Dear Applicant:

Thank you for your interest in the position of teacher with the Idaho Arts Charter School. To aid you in the application process please be advised that to be considered for the position your file must be complete as soon as possible. A completed file will include the following:

1. Completed application form
2. Copy of Idaho certificate or evidence of eligibility for certification
3. Copies of transcripts
4. Resume

Once your application is complete, the following process will be followed:

- Applications are screened by the IACS principal and/or hiring committee.
- Interviews are arranged and conducted by the IACS Principal and/or their interview team.
- The IACS Principal will make a recommendation to the IACS Board.
- The IACS Board will make an offer to the selected applicant.

Thank you again for your interest in the Idaho Arts Charter School. If you need additional information, please feel free to call our principal, Jackie Collins, at 463-4324 or e-mail her at Jackie.collins@idahoartscharter.org

Sincerely,

Michael Parish
IACS, Board President

Idaho Arts Charter School

Application for Professional Position

Return completed application to:
IACS
904 12th Ave. Rd.
Nampa, ID 83686

Date of Application: _____

Date Received: _____

Idaho Arts Charter School is committed to providing equal employment opportunities for all persons without regard to race, creed, color, national origin, sex, age or physical/mental disability except as may be necessary to meet a bona fide occupational qualification, and the school complies with the requirements and objectives of applicable state and federal laws.

Personal:

First Name Initial Last Name

Address: _____
Current Number and Street City State ZIP Code

Social Security Number (_____) Home Telephone Number

E-mail (_____) Cell Phone Number

With whom could a message be left? _____
Name Phone Number

Applying for Fulltime Part time

Certification (please enclose copy, official required if hired)

Do you hold a valid Idaho Certificate for the position for which you are applying? Yes No

Have you passed the Idaho State Board Technology Competency Test? Yes No

If yes, copy of certificate must be submitted.

An Idaho Credential is required for employment. I will provide the Idaho Arts Charter School with one of the following:

- Idaho Teaching Credential
- Idaho Teaching Credential Application
- Out of State Teaching Certificate
- I am currently completing a teacher education program.
- Other. Explain: _____

Subject Area Endorsements

Which Standard Teaching Certificates do you hold? Elementary K-8
Secondary 6-12
Early Childhood Pre-K-3

Endorsements K-12:

Art	Bi-Lingual Education	Media Generalist
English as a Second Language	Foreign Language	Gifted and Talented
Music	Physical Education	Reading

Endorsements 6–12:

Agricultural Science and Technology	American Government	American Studies
Arts and Crafts	Anthropology	Art
Chemistry	Biological Science	Business Technology Education
Consumer Economics	Communication	Computer Applications
Dramatics	Consulting Teacher	Drafting
Economics	Driver Education	Earth Science
English	Electricity/Electronics	ESL English as a Second Language
	Family and Consumer Science	Foreign Language: French German Spanish
Geography	Health	History
Humanities	Journalism	Marketing Technology Education
Mathematics	Music	Natural Science
Physical Education	Physical Education/Health	Philosophy
Physical Science	Physics	Political Science
Psychology	Reading	Social Studies
Sociology	Sociology/Anthropology	Speech
Speech/Drama	Technology Education	Work-Based Learning Coordinator
Other		

Special Education and Student Services

What licensure/endorsements have you obtained?

Generalist	Emotionally Disturbed	Severe Retardation
Multiple Disabilities	Physical Disabilities	Visually Impaired
Deaf/Hearing Impaired	Consulting Teacher	School Psychologist
Speech Language Pathologist	Occupational Therapist	Physical Therapist
School Nurse	School Counselor	Social Worker
Licensed Professional Counselor		
Early Childhood Special Education (Ages 3–5)		
Early Childhood Special Education (Preschool–Grade 3)		
Other		

Special Education Teacher

Any

Preschool

Grade Level Preferences:

Elementary

Junior High

High School

(endorsement required)

Please indicate whether you have interest or experience in any of the following Special Education scenarios:

Resource rooms for mild–moderate disabilities	Interest	Experience
Self-contained programs for moderate–severe disabilities	Interest	Experience
Self-contained programs for severe–profound disabilities	Interest	Experience
Programs for emotionally disturbed students	Interest	Experience
None	Interest	Experience

Employment Experience

List all positions held six (6) months or more. Begin with most recent position.

Are you presently under contract with another school district? Yes No

Feel free to copy if you need more space. Total contract experience: Teaching _____ Administration _____

Dates of Employment	Position	Employer	Address (including phone number)	Supervisor

Education

College or University	Location	Dates of Attendance	Degree/Date Given

Training Earned Since Last Degree

Name of Institute	Location	Attendance	Subject Area/Sem. Hrs. Earned

Professional Memberships/Organizations

- 1.
- 2.
- 3.
- 4.

Honors/Leadership

- 1.
- 2.
- 3.

4.

Personal Attributes (List attributes you feel will contribute to you being a successful teacher)

- 1.
- 2.
- 3.
- 4.

Essay Questions

Please attach short essay responses to the following questions (maximum of 150 words for each question).

1. What is the role of the teacher as an educational leader?
2. How would an arts based curriculum benefit students, teachers, and community?
3. What strategies have you used to build partnerships between the school and community?
4. What is your background with respect to the arts, either performing or visual?
5. How would an arts based school achieve state standards and at the same time meet students' needs with respect to the arts?

References – List at least three (3) references capable of assessing your ability to perform the work for which you are applying. It is your responsibility to have them submit references to the IACS Board for your application file.

1. _____
Name Position

Address City State Zip Telephone Number

2. _____
Name Position

Address City State Zip Telephone Number

3. _____
Name Position

Address City State Zip Telephone Number

Legal Information

Have you ever resigned and/or been dismissed from a position, whether employment or otherwise, because you were accused of an incident of sexual misconduct or harassment of a person under the age of 18 years?

Yes No If yes, a written explanation is required.

Have you ever been convicted of any crime? (Traffic infractions and motor vehicle violations classified as misdemeanors or felonies must be included.) Yes No If yes, give the date, place, nature of offense, and circumstances in box below. Include all guilty pleas, withheld judgments, pleas of nolo contendere, and other convictions.

Date	Location	Conviction	Disposition

It is your responsibility to determine the nature of your criminal record. Failure to include any criminal convictions will be considered a deliberate misrepresentation and may result in dismissal. A conviction will not automatically disqualify the applicant or applicants from the job applied for. The seriousness of the crime and the date of the conviction will be considered. IACS will treat answers to the questions above as confidential and no disclosure will be made without the applicant's permission.

Please Read This Section Carefully

I hereby authorize IACS to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that IACS does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand if selected as a finalist I will have a criminal records check to be conducted through the Department of Law Enforcement. This check requires fingerprinting of the new employee. There will also be a screening completed through the Central Sex Offender Registry of Idaho.

In the event I am employed by the Idaho Arts Charter School, I agree to abide by all its applicable policies and procedures. *My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.*

Date _____ Signature of Applicant _____

Department of Law Enforcement
Idaho Bureau of Criminal Identification
6038 Clinton Street
Boise, ID 83604

CONSENT/RELEASE STATEMENT

I, _____

Date of Birth _____ Social Security Number _____

Hereby authorize the Idaho Arts Charter School to receive any and all information concerning me contained within the files of the Criminal Identification Bureau under the name listed above and under any alias or any other first or last name which is listed below.

Print alias or other first or last name below.

Signature

Date

Return to: Idaho Arts Charter School
904 12th Ave. Rd.
Nampa, ID 83686

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or Personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Voluntary Survey

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name

Address

City

State

Zip

Social Security Number

Job Applied For

Check One: Male Female

Birth date: _____

Check one of the following: (Ethnic Origin):

White

Hispanic

American Indian/Alaskan Native

Black

Other

Asian/Pacific Islander

