



Employment Information

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

Have you taken the Idaho Comprehensive Literacy Course or Assessment (for Elementary Teachers) Yes No

Have you completed the background check require by the State of Idaho? Yes No

Have you ever been convicted of a felony? Yes No

(If "yes", please explain by confidential letter.

The existence of a criminal record does not constitute an automatic bar to employment.)

List Idaho teaching, administrative and special education certificates held:

Certificate _____ Endorsement _____ Dates _____

Certificate _____ Endorsement _____ Dates _____

Education Information

College or University _____ Location _____

Degree _____ Date Received _____

Major _____ Minor _____ Accumulated GPA _____

College or University _____ Location _____

Degree _____ Date Received _____

Major _____ Minor _____ Accumulated GPA _____

College or University _____ Location _____

Degree _____ Date Received _____

Major _____ Minor _____ Accumulated GPA _____

Professional Organizations to which I belong:

Professional Honors I have received:



Teaching Experience

List the most recent experience first. Please include student teaching or intern experiences. If less than a full school year, indicate month/year of employment (e.g. 9/97 to 12/97) If full school year, list years only.

School District	Supervisor		
Subject/Grades taught	Dates	to	Number of years
Reasons for leaving or wishing to leave:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone/Address			
School District	Supervisor		
Subject/Grades taught	Dates	to	Number of years
Reasons for leaving or wishing to leave:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone/Address			
School District	Supervisor		
Subject/Grades taught	Dates	to	Number of years
Reasons for leaving or wishing to leave:			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone/Address			



References

Give three current references who are capable of assessing your ability to perform the work for which you are applying. Include the names of superintendents, principals or student teaching/intern supervisor (under whom you have taught and for whom you have worked) who have first-hand knowledge of your teaching ability, character, personality and scholarship,

Name _____ **Position** _____ **Phone** _____

Address _____

Street

City

State

Zip

Name _____ **Position** _____ **Phone** _____

Address _____

Street

City

State

Zip

Name _____ **Position** _____ **Phone** _____

Address _____

Street

City

State

Zip

Consent and Release Statement

I _____ (Please Print Your Name)

Date of Birth _____ , Social Security Number _____
Month Date Year

I hereby authorize any authorized representative of Xavier Charter School bearing this release, or copy thereof, within one year of its date, to obtain any information in your files concerning me, under the name above and under any alias or other first or last name, pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, disciplinary, and medical records. I hereby direct you to release such information upon request of the bearers. This release is executed with full knowledge and understanding that the information is for the official use of Xavier Charter School. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I am furnishing my Social Security number on a voluntary basis with the understanding that such is not required by federal statute or regulation. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature _____ Date _____

Mailing Address _____ Phone _____



XAVIER CHARTER SCHOOL
 1218 North College Road W
 Twin Falls, ID 83301
 (208) 734-3947 Phone (208) 733-1348 Fax

**AUTHORIZATION FOR RELEASE OF INFORMATION ON PAST
 EMPLOYMENT WITH SCHOOL EMPLOYERS
 IDAHO CODE 33-1210**

Idaho Law requires Applicants for **any** position at any Idaho Public School to allow the hiring School District Employer to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance of the Applicant when said Applicant was employed by any other public school, whether in Idaho or any other state.

Before hiring an Applicant for any position, the hiring district Xavier Charter School (Xavier) must request the Applicant sign this form. Should the Applicant refuse or fail to sign this form, Xavier will not be permitted to hire the Applicant for any position. This authorization does not limit any employer from seeking additional information or disclosures from any Applicant.

This form:

1. Authorizes current and past public school employer of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to Xavier, the hiring school district all information relating to the job performance and/or job related conduct of the Applicant and make available to Xavier copies of all documents in the previous employer's personnel file, investigative file or other files relating to the job performance of the Applicant; and
2. Releases the Applicant's/undersigned's current and past employers, and employees acting on behalf of the employer, from any liability for providing the above-mentioned information.

**§ 33-1210
 RELEASE:**

I understand that the above requirements are a condition of my obtaining employment with Xavier, the hiring district. I hereby give consent to my current and former employers, both inside and outside the State of Idaho, upon receipt of this signed authorization, to comply with Idaho law. I further consent that such authorization may be provided to Xavier via electronic means.

 Signature of Applicant

 Date

 Printed Name of Applicant

 Date of Birth

 XXX-XX-

 Last 4 digits of SSN

 Other name(s) under which transcripts, certificates, and former applications
 may be listed



XAVIER CHARTER SCHOOL
Human Resource Dept.
1218 North College Road W
Twin Falls, ID 83301
(208) 734-3947 Phone (208) 733-1348 Fax

PROFESSIONAL EXPERIENCE REPORT

SECTION 1: TO BE COMPLETED BY APPLICANT

Fill out the top portion of the Professional Experience Report and send the form to your employer(s). When this form has been returned to you, include it in your application packet. Professional experience gained while holding a teaching certificate is the only experience accepted.

Name-Last, First, Middle	Maiden/Former Name
Address	Date of Birth
City, State, Zip	Last 4 digits of Social Security Number
Telephone:	
Home	Cell

SECTION 2: TO BE COMPLETED BY FORMER SCHOOL DISTRICT EMPLOYER

Based on personnel records, this statement **MUST** be prepared and signed by Human Resource Personnel or the superintendent where the applicant was employed. Please do not include substitute teaching.

TEACHING EXPERIENCE	FROM	TO	FTE
ELEMENTARY Grades Taught			
SECONDARY Grades and/or Subject Taught			
SPECIAL EDUCATION ____ or Other Experience ____			
SUPERINTENDENT SIGNATURE OR HR Staff	Date	Job Title of Signer	Phone#

Transfer unused sick leave balance (in hours) for Idaho School Districts ONLY. Number of unused sick leave hours to transfer: _____