



Shoshone Joint School District #312  
**CERTIFIED TEACHER APPLICATION**

61 East Highway 24  
Shoshone, ID 83352  
[www.shoshonesd.org](http://www.shoshonesd.org)

Phone 208-886-2381  
Fax 208-886-2038

*An Equal Opportunity/Affirmative Action Employer*

**Contact Information**

First Name:

Middle:

Last Name:

Maiden/Formal Name:

Email:

Primary Phone Number:

Address (Street, City State, Zip Code):

**Availability Date:**

**QUALIFICATIONS:**

**(1) Educational Licenses/Certificates:**

- Certification State:
- Certification Area:
- Expiration Date:

**(2) Educational Licenses/Certificates:**

- Certification State:
- Certification Area:
- Expiration Date:

**(1) Other Professional License**

- Certification Type:
- Issued by:
- Expiration Date:

**(2) Other Professional License**

- *Certification Type:*
- *Issued by:*
- *Expiration Date:*

**LANGUAGE SKILLS** (besides English, what other languages do you speak and/or write? Please indicate your proficiency level for each language)

Language 1:

Language 2:

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**SPECIAL EDUCATION SKILLS:**

Notes:

Skill 1:

Skill 2:

**COACHING/ADVISING SKILLS**

Notes:

Skills #1:

Skills #2:

Skills #3:

**EDUCATION**

**High School Attended:**

City/ State:

Degree:

**Undergraduate Institution #1:**

State:

Name of School

Degree:

Attended From (mm/yyyy):

Attended To (mm/yyyy):

State:

**Undergraduate Institution #2:**

Name of School

Degree:

Attended From (mm/yyyy):

Attended To (mm/yyyy):

State:

**Undergraduate Institution #3:**

Name of School

Degree:

Attended From (mm/yyyy):

Attended To (mm/yyyy):

**Graduate Institution #1:**

Name of School

State:

Degree:

Attended From (mm/yyyy):

Attended To (mm/yyyy):

**Graduate Institution #2:**

Name of School

State:

Degree:

Attended From (mm/yyyy):

Attended To (mm/yyyy):

**Student Teaching #1:**

Name of School:

Subject:

Grade:

Cooperating Teacher Name:

Year:

Cooperating Teacher Phone Number:

Cooperating Teacher Email:

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**Experience in Education #1:**

Assignment:  
From (mm/yyyy) to (mm/yyyy):

Employer Name:  
Employer Address:

Supervisor Email:

Duties and Responsibilities:

**Experience in Education #2:**

Assignment:  
From (mm/yyyy) to (mm/yyyy):

Employer Name:  
Employer Address:

Supervisor Email

Duties and Responsibilities:

**Experience in Education #3:**

Assignment:  
From (mm/yyyy) to (mm/yyyy):

Employer Name:  
Employer Phone Number:  
Employer Address:

Supervisor Email

Duties and Responsibilities:

**Work Experience (non education) #1:**

Assignment:  
From (mm/yyyy) to (mm/yyyy):

Employer Name:  
Employer Phone Number:  
Employer Address:

Supervisor Email:

Duties and Responsibilities:

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**Work Experience (non education) #2:**

Assignment:

From (mm/yyyy) to (mm/yyyy):

Employer Name:

Employer Phone Number:

Employer Address:

Supervisor Email:

Duties and Responsibilities:

**REFERENCES:**

**Reference #1 Name:**

Title:

Relationship:

Address:

Email:

Phone Number

From:

To:

**Reference #2 Name:**

Title:

Relationship:

Address:

Email:

Phone Number

From:

To:

**Reference #3 Name:**

Title:

Relationship:

Address:

Email:

Phone Number

From:

To:

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I certify the information I provide in this application accurately reflects my abilities and experience. I have not intentionally lied or offered dishonest information to potential employers. I understand that providing false or misleading information, whether discovered before or after any offer of employment, may result in actions including but not limited to suspension, dismissal, revocation of licensure, and any other measures permitted by law. I authorize any employer to check my references, to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualification and fitness for a position. I authorize my past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness, to provide such information to the employers. I release these employers and all persons providing information to the employers from any liability whatsoever for obtaining and providing that information, regardless of the results.

Initials:

Date: