



Meadows Valley School District #11

PO Drawer F. - 500 N. Miller Ave.

Phone: (208)347-2411

FAX: (208)347-2624

www.mvsd11.org

Application for Certified Position:

Please complete Sections C-E if information is not included on the accompanying resume.

Section A		Application Information	
Name:			
Last		First	M. I.
Date of Application:	Cell Phone:	Email:	
Address:	City:	State:	Zip:
Position(s) for which you are applying:			
Have you ever been convicted, pled guilty, or received a withheld judgment for a felony offense? If yes, please explain.			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

Section B		Certification	
Do you hold a valid Idaho teaching or administrating certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If not, what would it take for you to earn one?			
If yes, what endorsements do you hold?			
Type of Certificate:			
Initial Certification Date:	Issue Date:	Expiration Date:	
Where are your credentials on file?			

Meadows Valley School District #11 is an equal opportunity employer-educator. All positions are filled without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.



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Section C Education					
Please list in order of attendance: (If more spacing is needed, please use a separate sheet)					
College and or University	Period Attended	Date of Graduation	Degree	Major	Minor

Section D Relevant Employment History (Include Volunteer and/or Extra Curricular Activities)					
Please list in order of attendance: (If more spacing is needed, please use a separate sheet)					
Employer Name	Address	Superintendent or Supervisor	Phone and/or Email	Dates of Employment (From/To)	Position Held

Section E Professional References			
List at least three people, not related to you, who can recommend you for this position			
Name	Contact Information	Relationship	Years Known



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I am currently under contract for the coming year YES NO

I will be able to indicate acceptance of a contract, if offered,
following: _____

I solemnly affirm that the statements included in this application are true and correct.

I understand that (1) Any contract issued to a teacher is conditioned upon the teacher having an Idaho Teacher's Certificate valid for the whole period of service covered by the contract and for courses or grades being taught by said teacher; (2) Any false statements made in this application shall constitute sufficient grounds for voiding at the discretion of the Board any contract issued to the teacher.

Dated _____

Signature of Applicant