

# White Pine Charter School

P.O. Box 2825 Idaho Falls, Idaho 83403 (208) 522-4432

## PROFESSIONAL EMPLOYMENT APPLICATION

(Please Print or Type)

NAME: \_\_\_\_\_

                    Last Name                    First Name                    Middle Initial

MAILING ADDRESS:

\_\_\_\_\_  
Number or P.O. Box  City                    State                    Zip Code

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL # (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### **CERTIFICATION**

CURRENT IDAHO CERTIFICATE (S) AND ENDORSEMENT(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER STATE CERTIFICATE (S) AND ENDORSEMENT(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE** (Please list all employment including temporary employment during the past 5 years, starting with the most recent)

EMPLOYER                    POSITION                    EMPLOYMENT DATE            PHONE #

\_\_\_\_\_  
May we contact this employer?            \_\_\_\_\_ Yes            \_\_\_\_\_ No

EMPLOYER                    POSITION                    EMPLOYMENT DATE            PHONE #

\_\_\_\_\_  
May we contact this employer?            \_\_\_\_\_ Yes            \_\_\_\_\_ No

EMPLOYER                    POSITION                    EMPLOYMENT DATE            PHONE #

\_\_\_\_\_  
\_\_\_\_\_



NAME	POSITION	(Employer, Teacher, Personal) REFERENCE TYPE
E-MAIL (If Available)	TELEPHONE	



1. Have you ever had a diploma, credential or professional certificate revoked or suspended?                    YES                    NO
2. Have you ever failed to complete the terms of a professional contract?                    YES                    NO
3. Have you ever been convicted of a felony?                    YES                    NO

(Questions answered as YES, please attach a separate page with details)

I certify that the information herein is true, complete and correct to the best of my knowledge. I understand that if employed any misstatement or omission of fact on the application may result in my dismissal. I understand and authorize White Pine Charter School thoroughly investigate my work and personal history and verify all data given on this application, related paper and interviews. I authorize all individuals and businesses to provide any information requested about me, and I release them from all liability for damage in providing this information. Listed below are businesses or individuals I wish not to be contacted.

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_