



618 S. 8<sup>th</sup> Street, Boise, ID 83702  
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 swolfe@foothillsschool.org

# FACULTY EMPLOYMENT APPLICATION

## Mission Statement

Foothills School provides a vibrant learning community where students develop personal, academic, and social responsibility— leading to a lifetime of discovery

## CONTACT INFORMATION

Last Name	First	Today's Date
Street Address		Apartment number
City	State	Zip
Home Phone	Cell Phone	Email
Social Security Number		

## TEACHING PREFERENCES

<p>Teaching Preference (Please rank top 3 choices)</p> <p><input type="checkbox"/> Early Learner (3-4 year olds)</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> 1<sup>st</sup>-2<sup>nd</sup></p> <p><input type="checkbox"/> 3<sup>rd</sup>-4<sup>th</sup></p> <p><input type="checkbox"/> 5<sup>th</sup>-6<sup>th</sup></p> <p><input type="checkbox"/> 7<sup>th</sup>-8<sup>th</sup></p> <p><input type="checkbox"/> 9<sup>th</sup></p> <p><input type="checkbox"/> Visual Arts Specialist</p> <p><input type="checkbox"/> Performance Arts Specialist</p> <p><input type="checkbox"/> Multi-Cultural Specialist</p>	<p>Areas of Specialty, Experience or Talent  <small>(please specify where applicable)</small></p> <p><input type="checkbox"/> Language Arts _____</p> <p><input type="checkbox"/> Mathematics _____</p> <p><input type="checkbox"/> Science _____</p> <p><input type="checkbox"/> Social Science _____</p> <p><input type="checkbox"/> Spanish _____</p> <p><input type="checkbox"/> Visual Arts _____</p> <p><input type="checkbox"/> Performance Arts _____</p> <p><input type="checkbox"/> Other language _____</p> <p><input type="checkbox"/> Technology _____</p> <p><input type="checkbox"/> Special Needs _____</p> <p><input type="checkbox"/> Other _____</p>
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Should you be offered the position, when would you be able to start? \_\_\_\_\_

## EDUCATION

Schooling	Name of School and Location	Major	Minor	Degree Earned	Date Earned
Graduate School					
Graduate School					
Under Graduate					
Under Graduate					
Other Relevant Schooling					

### Teaching Certificate

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Issuing State	Date Received	Type of Certificate
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Issuing State	Date Received	Type of Certificate
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### Academic Honors and Awards

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Title	Date Received	Reason
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Title	Date Received	Reason
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## PERSONAL EXPERIENCE

Please share any relevant experiences that contribute to your strenghts as a teacher:

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## EMPLOYMENT HISTORY

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Current Position

Dates Employed

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School or Business

Address

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Supervisor

Phone

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Are you currently under contract?

Current Salary

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Job Title and Description

Date Employed

---

School or Business

Address

---

Supervisor

Phone

---

Reason for Leaving

---

Job Title and Description

Date Employed

---

School or Business

Address

---

Supervisor

Phone

---

Reason for Leaving

---

Job Title and Description

Date Employed

---

School or Business

Address

---

Supervisor

Phone

---

Reason for Leaving

## PROFESSIONAL REFERENCES

1. \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_  
Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been convicted of any crime or been released from prison following a conviction of a crime? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Upon employment the school will require a copy of your original Social Security card or valid driver's license, and a background check inquiry including fingerprinting. Is this acceptable to you? \_\_\_\_\_

How did you hear about Foothills School? \_\_\_\_\_

I certify that the information provided on this application is a true and complete statement of my personal and professional record to date. Any omissions on this application may prevent my application from being evaluated. I authorize Foothills School of Arts and Sciences to check my references to obtain information from my prior employees 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 qualifications and fitness for a teaching position, including a criminal records check. I authorize all governmental agencies to provide information about my criminal records to Foothills School.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Directions: Thank you for your interest in Foothills School of Arts and Sciences. Applications remain on file for two years. Please mail, fax or deliver this completed application form along a resume and cover letter to:

Foothills School of Arts and Sciences  
Susan Wolfe, Education Director  
618 S. 8th Street  
Boise, Idaho 83702

*Foothills School of Arts and Sciences does not discriminate on the basis of age, race, religion, national or ethnic origin, gender, sexual orientation, disability or other classifications protected by law in all of its operations*