

In order for this application to be considered, all questions must be answered and all sections completed.

CERTIFICATES APPLIED FOR	ANTICIPATED DATE OF COMPLETION:

CERTIFICATES OR TEACHING LICENSES YOU CURRENTLY POSSESS		
TYPE OF CERTIFICATE	ENDORSEMENT	EXPIRES

TEACHING AND OTHER JOB RELATED EXPERIENCE: (List most recent first.)					
School District/ Employer	Location City/State	Position	Dates of Employment	Immediate Supervisor	Reason for Leaving

PROFESSIONAL REFERENCES (List at least three <u>current</u> references capable of assessing your ability to perform the work for which you are applying. Include the names of superintendents or principals with whom you have worked.)				
Name	Title	Address	City/State/Zip	Accessible Phone#

SPECIAL SKILLS YOU ARE ABLE TO DIRECT OR ASSIST:		
SKILL	DIRECT/ASSIST	QUALIFICATIONS

Please answer the following questions in accordance with your personal philosophy of education.

1. How would you structure your classroom to increase achievement for all students?

2. What do you do in your classroom to ensure safety, and build character in your students?

3. Who are your customers, and how do you measure their satisfaction?

4. How would you integrate computer technology into your instructional program?

Have you passed the Idaho State Board of Technology Competency Test? Yes No
If yes, a copy of certificate must be submitted.

Have you ever been convicted, been given a suspended sentence, been given a withheld judgment, or pleaded no contest in regard to a felony? Yes No If yes, please explain:

Have you ever been terminated or requested to resign from a job? Yes No
If yes, please explain: _____

By signing my name below, I HEREBY CERTIFY that I have read the Application Instructions information, and all information furnished on the application form is true and correct. I understand that I must complete the necessary new hire paperwork and fingerprinting to remain employed by the district. I also understand the terms for fingerprinting payment. Any falsification of information may result in disqualification of this application.

SIGNATURE OF APPLICANT

DATE

Please Note:

Certification- All professional personnel employed in Meridian Charter High School, Inc. must file, in the Human Resources Department, a valid Idaho Certificate covering their area of employment. Failure to file a valid Idaho Certificate with the District will result in withholding of pay.

Credentials- Each applicant is expected to request his/her placement bureau to send a copy of placement files and transcripts to Meridian Charter High School, Inc. when application is made. It is the candidate's responsibility to submit any and all documentation to support his/her candidacy for employment. No applicant will be interviewed or considered for a position until all required documents are on file in the Human Resources Department.

Please return all applications to: **Meridian Medical Arts Charter**
1789 E. Leighfield
Meridian, Idaho 83642

Meridian Medical Arts Charter High School, Inc. is an equal opportunity employer/educator with a tobacco free environment, and complies with the Americans and Disabilities Act. Applications from all qualified individuals are considered.