

## **CANYON-OWYHEE SCHOOL SERVICE AGENCY (COSSA)**

109 Penny Lane Wilder, ID 83676 (208) 482-6074

Fax: (208) 482-7904

COSSA is a public school cooperative serving the special education, gifted/talented, professionaltechnical, and alternative education needs of students from Homedale, Marsing, Notus, Parma, and Wilder School Districts.

APPLICATION – CERTIFIED STAFF POSITION										
Position(s) Applied For:		Application Date:								
(List in order of										
Preference)										
					Social	Security #:				
Last Name:		First Name:			Middle Initial:					
Address:		City: State: Zip Code:					ip Code:			
Phone:	Phone: Cell					E-Mail:				
CERTIFICATION										
Certificate/Credential Type		Level			Endorsem	ent		Expiration Da	ate	
Certificate, Gredential Type		2000								
Data of INITIAL Contification										
Date of <u>INITIAL</u> Certification	on:									
EDUCATION										
(List in order of attendance)										
College/University Attended		Location (City, State)		From (Mo/Yr)		To (Mo/Yr)		Diploma/Degree		
				1						
DOCUMENTS REQUIRED FOR COMPLETE APPLICATION FILE										

- 1. Letter of Interest
- 2. Complete Application
- 3. Resume'
- Transcripts (copies acceptable)
   Official transcripts required upon employment
- . Copy of valid Idaho or Out-of-State Teaching Certificate.
- 6. Copy of College Placement File and/or three letters of reference/recommendation.

Upon submission, this application and supporting documentation will remain in the personnel file for one calendar year. Information changes should be reported to the Personnel Office immediately.

COSSA is an equal opportunity employer. The Board of Trustees and its agents, officers, and staff members shall not discriminate on the basis of race, color, religion, national origin, sex, age, or handicap.

TEACHING EXPERIENCE (Begin with most recent)														
FROM Mo/Yr	TO Mo/Yr	Grad Subje	-	Distr	District School			City, State		rincipal/ upervisor		Current Phone	Reason for Leaving	
OTHER WORK EXPERIENCE														
FROM Mo/Yr			YRS EXP			ADDRESS			Supervisor		Current Phone	Reason for Leaving		
OTHER WORK EXPERIENCE  (Give 3 references who have first-hand knowledge of your ability to perform the type of work for which you are applying, your character, personality, and scholarship. Include supervising teachers, principals and superintendents, etc.)														
Name							elep	lephone						
LEGAL INFORMATION														
					SSA membe	er district E	Board of Trust	tees?				Yes		No
	dicate the ict of the			nship										
Have you ever been terminated, dismissed or resigned from a position for immoral or unprofessional conduct, inability to perform job responsibilities, or violation of Federal, State, District policies including sexual misconduct or harassment of a person under the age of 18 years old?														
If yes, indicate the name of the district, date and reasons for the termination/resignation.														
Have you ever been convicted of a felony or misdemeanor (including withheld or suspended judgment)?  Yes  No  If yes, indicate the date, place, and disposition of the conviction.														
Have you ever failed or refused to fulfill a contract entered into by you with any school district?  Yes  No														
If yes, indicate the date, district and reasons.														
Are you claiming a veteran preference?  Have you previously claimed a veteran preference?  Applicants claiming a preference based on IC 65-503, must submit official documentation of your veteran status with the application.														
Are you currently under contract with another district?  Yes  No														
If yes, inc	If yes, indicate the expiration date of current contract:													

## **APPLICANT'S STATEMENT**

Persons being considered for vacant positions will be contacted for a personal interview. Finalists selected for the position will have a criminal records check to be conducted through the Department of Law Enforcement. This check requires fingerprinting of the new employee. There will also be a screening completed through the Central Sex Offender Registry of Idaho.

I certify that the information in this application is true and complete to the best of my knowledge and understand that an omission or falsification of any information in this application will result in refusal of, or immediate discharge from, employment.

I hereby authorize COSSA to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that COSSA does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal laws.

I understand that employment is contingent upon investigation of any or all statements contained in this application and authorize the release of any information from persons named in this application. I authorize COSSA to verify my prior employment, retain a copy of my personnel file from all school districts of which I have been previously employed and discuss any and all recommendations regarding such employment.

In the event I am employed by COSSA, I agree to abide by all its applicable policies and procedures.

My signature below certifies that I have read and understand the information contained in the Applicant's Statement and agree to the terms and conditions.

Signature:	Da	ate:
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