

CERTIFIED

# Application



Aberdeen School District No. 58  
318 West Washington - PO Box 610  
Aberdeen, ID 83210-0610

Phone: 208-397-4113  
Fax: 208-397-4114  
E-Mail: [denab@aberdeen58.org](mailto:denab@aberdeen58.org)  
District Web Site - [Aberdeen58.org](http://Aberdeen58.org)

## Contract Information

Please print or type all information

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Designate the position(s) for which you are applying: (1) \_\_\_\_\_ (2) \_\_\_\_\_

## Procedures

- Filing an application includes: completed application form, placement file, and letters of reference. All required documents become the property of School District No. 58 upon receipt.
- Applicants may not be discriminated against because of race, color, religion, sex, national origin, citizenship, alienage or disability.
- Applicants must include a narrative that identifies the knowledge, strategies, and/or abilities they bring to the position.
- A personal interview shall be required before an applicant can be recommended for employment.
- Assignment within the district is made by the Board of Trustees or their designee.
- Approved teaching certificates are required to validate the contract. Upon the acceptance of a contract, the applicant must provide a complete official transcript of credits and one official copy of teaching certification.
- This is not a contract for employment.

Are you claiming Veteran's Preference? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, please provide a copy of your Form DD214, and please request, complete, and submit the Veteran's Preference Form with this application. You may request the Veteran's Preference Form from the Aberdeen School District Office.

## Employment Information

Date available for employment: \_\_\_\_\_

Do you hold a valid Idaho Certificate for the position for which you are applying? Yes\_\_\_\_ No\_\_\_\_

Have you completed the Idaho Math Endorsement? Yes\_\_\_\_ No\_\_\_\_

Have you completed the background check required by the State of Idaho? Yes\_\_\_\_ No\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_

*If "Yes", please explain by confidential letter*

*(The existence of a criminal record does not constitute an automatic bar to employment)*

## Educational Information

Please list all dates as month/year. Please list earliest degree first.

**College or University:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Major GPA: \_\_\_\_\_ Accumulated GPA: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**College or University:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Major GPA: \_\_\_\_\_ Accumulated GPA: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**College or University:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Dates Inclusive: \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Major GPA: \_\_\_\_\_ Accumulated GPA: \_\_\_\_\_ Certification Date: \_\_\_\_\_

### ***Graduate or upper division hours earned after certification/last degree:***

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Hours after Bachelor's \_\_\_\_\_ Subject \_\_\_\_\_

Hours after Master's \_\_\_\_\_ Subject \_\_\_\_\_

### ***Graduate or upper division hours earned after certification/last degree:***

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Hours after Bachelor's \_\_\_\_\_ Subject \_\_\_\_\_

Hours after Master's \_\_\_\_\_ Subject \_\_\_\_\_

### ***Graduate or upper division hours earned after certification/last degree:***

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Hours after Bachelor's \_\_\_\_\_ Subject \_\_\_\_\_

Hours after Master's \_\_\_\_\_ Subject \_\_\_\_\_

## Teaching Experience

List most recent experience first (please include student teaching/intern experience). \*If less than a full school year indicate month/year of employment (e.g., 9/00 to 12/00). If full school year, list years only. List most recent first.

School District: _____	Dates: _____ to _____
Subjects/Grades taught: _____	Number of years: _____
Reasons for leaving or wishing to leave:	
Supervisor: _____ May we contact this employer? Yes___ No ___	

School District: _____	Dates: _____ to _____
Subjects/Grades taught: _____	Number of years: _____
Reasons for leaving or wishing to leave:	
Supervisor: _____ May we contact this employer? Yes___ No ___	

School District: _____	Dates: _____ to _____
Subjects/Grades taught: _____	Number of years: _____
Reasons for leaving or wishing to leave:	
Supervisor: _____ May we contact this employer? Yes___ No ___	

## References

Give three (3) current references capable of assessing your ability to perform the work for which you are applying. Include the names of superintendents, principals, and student teaching/intern supervisors (under whom you have taught and for whom you have worked) who have first-hand knowledge of your teaching ability, character, personality, and scholarship.

Name	Address (Street, City, State, Zip)	Official Position	Telephone Number
			(     )
			(     )
			(     )

## Professional Information

List **Idaho** teaching, administrative, and special certificates held. List dates as month, day, year (e.g., 09/01/00)

Certificate: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate: \_\_\_\_\_ Endorsement: \_\_\_\_\_ Date: \_\_\_\_\_

I will be submitting (by fax or mail) photocopies of:

- \_\_\_\_\_ Idaho teaching credential
- \_\_\_\_\_ Idaho credential application/Date of application
- \_\_\_\_\_ Endorsement
- \_\_\_\_\_ Placement files and transcripts
- \_\_\_\_\_ State of Idaho background check information
- \_\_\_\_\_ Out-of-State teaching certificate

### ***Please note:***

*Certification – All certified employees in the Aberdeen School District No. 58 must file with the Personnel Department, a valid Idaho Teaching Certificate covering his/her area of employment. Failure to file a valid Idaho Teaching Certificate with the District will result in the withholding of pay.*

*Credentials – Each applicant is expected to request his/her placement bureau to send a copy of placement files and transcripts to the Aberdeen School District No. 58 when application is made. It is the candidate's responsibility to submit all documentation to support his/her candidacy for employment.*

**Answer three (3) of the following five (5) questions in accordance with your personal philosophy of education. Please use a separate sheet of paper.**

1. *Given the choice, how and what would you report to parents about pupil progress?*
2. *How do children learn? Give one example of how children learn and what techniques you use to identify this.*
3. *Describe your general discipline procedure and/or your classroom management techniques.*
4. *How do you know when children are learning?*
5. *How capable are you of designing and adapting curriculum to meet unique individual and group needs that may arise, i.e., low academic groups, Title Students, Students on IEP's or 504's, Gifted and Talented Students?*

*On a separate piece of paper, write a narrative of 300 words or less identifying your knowledge, strategies, and abilities that are applicable to the position you are applying for.*

## Special Skills

Activity	I have participated in:			I am able to:	
	High School	College	College Intramural	Assist Only	Direct or Coach
Instrumental Music					
Vocal Music					
Drama					
School Clubs					
School Newspaper					
School Yearbook					
Cheerleading					
Drill Team					
Basketball					
Cross Country					
Football					
Golf					
Track					
Volleyball					
Wrestling					
Other (Specify)					

Honors Received:

Hobbies:

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*I hereby certify that the information contained in this application is a true and complete statement of my personal record to date. If employed, any misstatement or mission of fact on the application my result in my dismissal.*

\_\_\_\_\_  
Signature

Date of Application: \_\_\_\_\_

# Consent and Release Statement

Aberdeen School District No. 58	Phone: 208-397-4113
318 West Washington - PO Box 610	Fax: 208-397-4114
Aberdeen, ID 83210-0610	E-Mail: <a href="mailto:denab@aberdeen58.org">denab@aberdeen58.org</a>

I, \_\_\_\_\_, (please print or type)

Social Security Number (Optional) \_\_\_\_\_

Hereby authorize any representative of School District No. 58 bearing this release, or copy thereof, within one year of its date, to obtain any information in your files concerning me, under the name above and under any alias or other first or last name, pertaining to my employment, military, or educational records. This information may include, but is not limited to, academic, achievement, attendance, athletic, personal history, and discipline records. I hereby direct you to release such information upon request of the bearers. This release is executed with full knowledge and understanding that the information is for the official use of School District No. 58. I hereby release you, as the custodian of such records, (and any school, college, university or other educational institution, including its officers, employees, or related personnel, both individually and collectively), from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Number on a voluntary basis with the understanding that federal statute or regulation does not require such. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone \_\_\_\_\_

.....For Employer's Use Only .....

**Reference Check**

Employer	Person Contacted	Remarks/Results
1		
2		
3		
4		

Application Screening Results
Factors: In application indicating strong credentials
Factors: In application indicating average credentials
Call for interview: Yes _____ Not at this time _____ Consider in the future _____

**Aberdeen School District No. 058**  
 Certified Salary Schedule for School Year 2009-2010

Experience	B	B+12	B+24	B+36 M	B+48 M+12	B+60 M+24	EDS M+36
1	\$25,361.69 <b>\$31,750</b>	\$26,630 <b>\$31,750</b>	\$27,898 <b>\$31,750</b>	\$29,166 <b>\$31,750</b>	\$30,434 <b>\$31,750</b>	\$31,702 <b>\$31,750</b>	<b>\$32,970</b>
2	\$26,630 <b>\$31,750</b>	\$27,898 <b>\$31,750</b>	\$29,166 <b>\$31,750</b>	\$30,434 <b>\$31,750</b>	\$31,702 <b>\$31,750</b>	<b>\$32,970</b>	<b>\$34,238</b>
3	\$27,898 <b>\$31,750</b>	\$29,166 <b>\$31,750</b>	\$30,434 <b>\$31,750</b>	\$31,702 <b>\$31,750</b>	<b>\$32,970</b>	<b>\$34,238</b>	<b>\$35,506</b>
4	\$29,166 <b>\$31,750</b>	\$30,434 <b>\$31,750</b>	\$31,702 <b>\$31,750</b>	<b>\$32,970</b>	<b>\$34,238</b>	<b>\$35,506</b>	<b>\$36,774</b>
5	\$30,434 <b>\$31,750</b>	\$31,702 <b>\$31,750</b>	<b>\$32,970</b>	<b>\$34,238</b>	<b>\$35,506</b>	<b>\$36,774</b>	<b>\$38,043</b>
6	\$31,702 <b>\$31,750</b>	<b>\$32,970</b>	<b>\$34,238</b>	<b>\$35,506</b>	<b>\$36,774</b>	<b>\$38,043</b>	<b>\$39,311</b>
7	<b>\$32,970</b>	<b>\$34,238</b>	<b>\$35,506</b>	<b>\$36,774</b>	<b>\$38,043</b>	<b>\$39,311</b>	<b>\$40,579</b>
8	<b>\$34,238</b>	<b>\$35,506</b>	<b>\$36,774</b>	<b>\$38,043</b>	<b>\$39,311</b>	<b>\$40,579</b>	<b>\$41,847</b>
9	<b>\$35,506</b>	<b>\$36,774</b>	<b>\$38,043</b>	<b>\$39,311</b>	<b>\$40,579</b>	<b>\$41,847</b>	<b>\$43,115</b>
10	<b>\$36,774</b>	<b>\$38,043</b>	<b>\$39,311</b>	<b>\$40,579</b>	<b>\$41,847</b>	<b>\$43,115</b>	<b>\$44,383</b>
11		<b>\$39,311</b>	<b>\$40,579</b>	<b>\$41,847</b>	<b>\$43,115</b>	<b>\$44,383</b>	<b>\$45,651</b>
12			<b>\$41,847</b>	<b>\$43,115</b>	<b>\$44,383</b>	<b>\$45,651</b>	<b>\$46,919</b>
13				<b>\$44,383</b>	<b>\$45,651</b>	<b>\$46,919</b>	<b>\$48,187</b>
14					<b>\$46,919</b>	<b>\$48,187</b>	<b>\$49,455</b>
15						<b>\$49,455</b>	<b>\$50,723</b>

**Includes False Base of \$31,750**

**Contract Terms:** Salaries are based on a twelve (12) month calendar year with payment to be made monthly. Contracts are written for 188 days.

**Experience:** Credit for previous experience will be given at the ratio of one (1) for (1). Example: A teacher with nine (9) years of experience would be given credit for nine (9) years of experience and start on the tenth (10<sup>th</sup>) step of the salary schedule.

**Training:** At least a Bachelor's Degree with a teaching major and a valid Idaho teaching certificate or alternate route certificate is required.

**Advancement on the Salary Schedule:** All credit hours to advance on the schedule must be earned subsequent to a degree and original certification. All credits are to be in semester hours. Documentation of additional professional growth shall be submitted to the superintendent or designee for advancement on the salary schedule by September 1<sup>st</sup> of the contract year.

**Social Security (FICA)** is withheld from salary at a rate of .0765% and **Public Employee Retirement (PERSI)** is withheld at a rate of .06230%.

### **District Insurance**

The District provides Health, Vision, Dental, & Life Insurance for the employee. Dependents may be added at a cost to the employee.

#### **Health/Vision: Blue Cross of Idaho**

District employees have PPO Health coverage. The PPO Plan is 80/20 co-insured. The Plan has a \$500.00 deductible. Prescription drugs are covered at 50% through retail drug up to a 30-day supply. Mail order drugs can be purchased with \$10 co-pay for generic drugs and \$20 co-pay for brand name drugs, both for a 30-day supply. The Vision plan, by utilizing in-network providers, covers eligible exams in full and eyewear materials with a \$25 co-pay.

#### **Dental Insurance: Delta Dental of Idaho or Willamette Dental**

District employees using Delta Dental are on an incentive plan beginning with coverage of 70%. The coverage increases by 10% each year if you have an annual checkup. Bridges, crowns, etc. are covered at 50%. **Willamette Dental** - is similar to an HMO. When you elect coverage with Willamette Dental you must use their providers. You have no deductible and no annual maximum. You pay a **\$15.00 Co-pay per each visit** and the balance is covered at 100% for Preventive, Basic and Major Services. There are no waiting periods. You also have orthodontia coverage. You have a \$150 co-pay for Pre-Orthodontic Service. If you elect the orthodontia treatment your co-pay would be \$1500 less the \$150 co-pay for the Pre-Orthodontic Service.

Willamette Dental practices Evidence-Based Dentistry. If an employee enrolls in Willamette Dental, they will have a checkup and cleaning (these are two separate appointments — the first time only). Then the dentist will establish a treatment program based on this appointment.

**Life Insurance: Standard Life Insurance** - This is a \$50,000 life insurance coverage.

#### **Employee Costs:** (per month)

	<u>Health/Vision – PPO</u>	<u>Willamette Dental</u>	<u>Delta Dental</u>
Employee	\$ 0.00	\$ 4.00	\$ 0.00
Spouse Only	\$400.00	\$31.13	\$24.15
Family	\$523.65	\$60.16	\$50.00
One Child, No Spouse	\$181.75	\$31.13	\$24.15
Two + Children, No Spouse	\$271.35	\$60.16	\$50.00

### **Leaves**

Thirteen days of sick leave are granted per year accumulated to 293 days. Any unused leave is carried forward to the following year. Four Days of personal leave are granted per year. Any certified employee using four days or less of personal leave a year will be paid \$65.00 per day in their July pay check.

### **Other Plans**

A Premium Flex Conversion Program and Electronic Deposit are available.

**Pay Day** is the 20<sup>th</sup> of each month.

Affirmative Action Information

The following information is requested in order to monitor our *Affirmative Action* program and to insure equal employment opportunity. While you are not required to complete this section, your cooperation in providing the data is appreciated. This information is not used in the screening/hiring process and will be filed separately.

Positions applied for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

African American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_

Native American \_\_\_\_\_ Other \_\_\_\_\_

I elect not to provide this information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_