



# Legacy Charter School

9779 Kris Jensen Ln. Nampa, ID 83686

## Classified Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this school? YES  NO  If yes, when? \_\_\_\_\_

Have you ever pled guilty, been found guilty, entered an Alford plea, entered a plea of nolo contendere (no contest), including any situation involving a withheld judgment for or associated with any crime? YES  NO

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

## Education Skills

List any job related skills that you feel will contribute to your success at Legacy Charter School:

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Have you passed the Praxis Para Professional Exam: \_\_\_\_\_

## Disclaimer and Signature

Have you ever been dismissed from or resigned from employment as a result of, or arising out of an allegation of sexual misconduct or harassment involving a person under the age of 18 years at the time when the alleged act occurred?

YES

NO

If yes, please attach a sheet that provides complete details, starting date, charge, place and action taken, etc.

Do you have any physical, emotional or mental limitation which may affect your ability to perform the position for which you have applied?

YES

NO

If yes, please attach a sheet that provides information pertaining to what can be done to accommodate your limitations.

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information or omission of information in my application or interview may result in refusal of or immediate discharge from employment. I also 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.*

*In the event I am employed by Legacy Charter School, I agree to abide by all its applicable policies, procedures, rules, and regulations.*

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

### ACCOMPANYING DOCUMENTS:

Please submit the following with your application:

- Current Resume
- Proof of having passed the Praxis Para Professional Exam (if applicable)
- Copy of Authorization for Release of Information on Past Employers

Legacy Charter School is an equal opportunity employer and does not discriminate in any educational programs or activities, admissions procedures, or employment and hiring practices.

**Legacy Charter School**

**PERSONNEL**

**5100F1**

<p style="text-align: center;"><b>Legacy Charter School</b> 4015 S Legacy Way Nampa, ID 83686 208-467-0947 Fax: 208-467-0948</p>
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**AUTHORIZATION FOR RELEASE OF INFORMATION ON PAST  
EMPLOYMENT WITH SCHOOL EMPLOYERS  
IDAHO CODE 33-1210**

Idaho Law requires Applicants for any position at any Idaho Public School to allow the hiring School Employer to obtain a copy of past public school employer personnel file materials and other documentation relating to the performance of the Applicant when such Applicant was employed by any other public school, whether in Idaho or any other state.

Before hiring an Applicant for any position, Legacy Charter School must request the Applicant sign this form. Should the Applicant refuse or fail to sign this form, Legacy Charter School is not permitted to hire the Applicant for any position. This authorization does not limit any employer from seeking additional information or disclosures from any Applicant.

This form:

1. Authorizes current or past public school employers of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to Legacy Charter School all information relating to the job performance and/or job related conduct of the Applicant and make available to the hiring School copies of all documents in the previous employer's personnel file, investigative file or other files relating to the job performance of the Applicant; and
2. Releases the Applicant's/undersigned's current and past employers, and employees acting on behalf of the employer, from any liability for providing the above-mentioned information.

**§ 33-1210 RELEASE:**

I understand that the above requirements are a condition of my obtaining employment with Legacy Charter School and I consent to my current and former employers, both inside and outside the State of Idaho, upon receipt of this signed authorization, to comply with Idaho law. I further consent that such authorization may be provided to Legacy Charter School via electronic means.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Identifying Employee Number/Name of Applicant or other Identifying  
Information for Past Employer