



Sugar-Salem School District No. 322

105 West Center • P.O. Box 150 • Sugar City, ID 83448
 Phone (208) 356-8802 • Fax (208) 356-7237

APPLICATION FOR: PARAPROFESSIONAL / INSTRUCTIONAL ASSISTANT

Name:	Date:
Address:	Email:
City, State, Zip Code	Telephone Number:
How did you hear about the job opening? <input type="checkbox"/> BYUI <input type="checkbox"/> Facebook <input type="checkbox"/> District posting <input type="checkbox"/> District Employee Other:	

Section A: Highly Qualified

Applicant must meet one of the following employment requirements:

1. ____ 32 college academic credits [attach unofficial transcripts]
2. ____ AA degree or higher [attach unofficial transcripts]
3. ____ Pass state approved assessment
 - a. the ETS Parapro Assessment with score of 460 or higher [attach results; applicant is responsible for assessment fees] OR
 - b. Idaho Paraprofessional Assessment with score of 75%

Section B: Background Information

Note: If you answer "yes" to any of the following questions listed in this section, please explain in a confidential letter.

- Have you ever been convicted of a felony? Yes No
- Have you ever had a suspended sentences or been given a withheld judgment in regard to a crime involving moral turpitude? Yes No
- Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character or ability as a prospective employee of Sugar-Salem School District? Yes No
- English is my native language Yes No
- I am fluent in additional languages (please list:) _____

Education:

Institution	Attendance Date(s)	Degree
HS		
College		
College		
Other:		

Work Experience: Please also attach a current resume to the application.

Position	Employer	Supervisor/phone	Dates

Section C: Position Desired

Mark all that apply:

Department(s): ESL/Migrant Title 1A Special Ed.

Focus Area(s): Academic Behavior Clerical

Student preference (rank 1-5): Preschool K-2 3-5 6-8 9-12

Hours available to work between 7:45 am to 3:00 pm:

Monday	Tuesday	Wednesday	Thursday	Friday

OR

Monday	Tuesday	Wednesday	Thursday	Friday
Daily between: {mark either or both}				
[] 8:00-11:30 AM and/or [] 11:30 AM to 3:00 PM				

Section D: References

List three references we may contact that would have knowledge about job-related performance.

Note: These references cannot be family members.

Name	Title	Contact number

Section E: Skills and Qualifications

List skills you have acquired as well as specific training that you have obtained that would better qualify you for this position:

Section F: Certification

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I hereby permit school district officials to contact listed references and supervisors of prior employment whether listed or not on this application. I hereby understand and acknowledge that any employment relationship with the District is of an “at will” nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the nature of this “at will” employment relationship may not be changed by an act unless such change is specifically acknowledged in writing by the Board of Trustees of the District.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understood, also that I am required to abide by all rules, regulations, and policies of the District.

Signature of Applicant	Date