

SNAKE RIVER SCHOOL DISTRICT #52
103 SOUTH 900 WEST
BLACKFOOT, IDAHO 83221
208-684-3001

APPLICATION FOR EMPLOYMENT
CLASSIFIED

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip
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Telephone Number(s)

Position(s) Applied For

Date of Application

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you want to work: Full Time Part Time Shift Work Substitute*

SUBSTITUTE INFORMATION *

I wish to be considered as a Substitute: Teacher Cook Custodian Bus Driver

I am willing to work in the following buildings:

High School Jr. High Middle School Riverside Moreland Rockford

Yrs. Sub Teaching Experience _____ Grades and/or Subjects: _____

Additional Comments or Information: _____

EMPLOYMENT RECORD

List all of your employers in chronological order beginning with the most recent.

Include all full-time, part-time, summer, and temporary employment, along with periods of unemployment and continuing education.

Leave no gaps longer than a one-month period.

DATE-MONTH & YEAR		EMPLOYER			MONTHLY EARNINGS	TYPE OF WORK PERFORMED	REASON FOR LEAVING (Even if currently employed)
FROM	TO	(NAME OF CO., CITY & STATE)	SUPERVISOR	PHONE NO.			
					Starting		
					Final		
					Starting		
					Final		
					Starting		
					Final		
					Starting		
					Final		

Experience with Children: List any experience you have had which gave you experience dealing with children.

FROM	TO	BUSINESS/ORGANIZATION	ADDRESS, CITY, STATE	POSITIONS/DUTIES

Education: High School, Colleges, Universities or Vocational Schools attended, as well as specialized training.

DATE	NAME OF INSTITUTION	MAJORS	MINORS	DEGREE

Languages: Indicate any foreign languages you can speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Personal References: (Excluding former employer or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

**Have you ever been dismissed (or requested to resign) from prior employment?
If yes, please explain fully and indicate date, name, and telephone number of the
person (or persons) who terminated you (or requested the resignation).**

Yes No

**Are you now unlawfully using or have you within the past two years unlawfully used
a controlled substance?**

**Have you ever been found guilty of or received a withheld judgment for any crime
involving the use, misuse, possession or sale of alcohol or any controlled substance?
If yes, please explain fully and indicate dates. _____**

Yes No

Yes No

**Have you ever been charged with, entered a guilty plea, or plea of nolo contendere,
received a withheld judgment or otherwise committed any act constituting a crime
involving sexual misconduct or lewd or lascivious conduct with a minor or been
asked to leave employment as a result of or arising out of an allegation of sexual
misconduct or harassment?**

If yes, please explain fully and indicate the dates. _____

Yes No

Is anyone living at your address required to register for the Sex Offender Registry?

Yes No

**Have you been convicted of (or pleaded nolo contendere to) a misdemeanor
or felony (except a minor traffic offense)?**

If yes, please explain fully and indicate the dates. _____

Yes No

**Have you ever been suspended, disciplined or dismissed from a position of
employment as a result of a material violation of the rules and regulations
of a State Board of Education or similar entity?**

If yes, please explain: _____

Yes No

Are you able to meet the attendance requirements of this position with or without reasonable accommodation?

If no, please explain: _____

Yes No

Can you perform the functions of this job (essential or marginal) with or without reasonable accommodation?

If no, please explain: _____

Yes No

Use this space for any additional information or explanation. Include any other work related information that you think would be helpful to us in considering you for employment, such as volunteer work, honors received, activities, accomplishments, etc.

APPLICANT'S COVENANT: PLEASE READ CAREFULLY.

I understand that this application is not a contract of employment. I certify that the answers to all of the questions in this application and related documents are complete and correct. I understand that any inaccurate or misleading information will cause rejection of this application or dismissal. I also agree that the school district shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions made in this application or related documents. To determine my qualifications, I authorize the school district to conduct an investigation of my application. I release and allow prior employers, law enforcement agencies*, or other third party agencies to release all information about me to the school district, and I release them from any liability. I understand that the school district follows an "employment at will" policy and that, if hired, my employment will be for no definite period, and it can be terminated with or without cause, and with or without notice, at any time at the option of either the school district or me. I understand further that the terms of my employment may be changed at any time at the discretion of school district management. I understand this application will be kept on file for one year. After that time, if I wish to be considered for employment, I must submit a new application. I understand that it is my responsibility to notify the district office if I would like to be considered for a position other than the position listed on this application.

Date: _____

Applicant's Signature: _____

*Results of a state-mandated background check could affect continued employment at Snake River School District.

Stamp Date Received