

SHELLEY JOINT SCHOOL DISTRICT 60

545 Seminary Avenue Shelley, ID 83274

(208) 357-3411 FAX (208) 357-5741

<u>Office Use</u>
Board Approval _____
Fingerprinted _____

CLASSIFIED APPLICANT INFORMATION

Position Applying For _____ Date _____

Full Name _____
Last
First
Middle Initial

Telephone: (home) _____ (cell) _____ (message) _____

Permanent Address _____

City: _____ State: _____ Zip: _____

Work Experience: Begin with the most recent.

FROM	TO	BUSINESS	ADDRESS, CITY, STATE	POSITION

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

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

Have you ever been charged with a criminal offence other than a traffic violation: _____ Yes _____ No If yes please explain:

*Results of a state mandated background check could affect continued employment with our district.
 (There is a fee of \$40.00 charged by the State Department of Education for a background check and a fee of \$5.00 charged by the Shelley Police Department to do the actual fingerprinting.)*

Upon board approval, you will be required to be fingerprinted and pay half the \$40 processing fee to the district and the \$5.00 fingerprinting fee to the Shelley Police Department.

B. Education: Colleges or Universities attended, as well as specialized training.

DATE	NAME OF INSTITUTION	MAJORS	MINORS	YR GRAD	DEGREE

C. Employment Status:

Name of present employer and supervisor: _____

Address

City

State

Zip

Phone

May we contact your present employer: _____ Yes _____ No Date you would be available: _____

D. References: Give at least three. (Please list daytime phone where reference may be reached.)

NAME	ADDRESS	PHONE

E. Employee At Will/Conditions of Employment:

If hired, your employment will not be for any definite period of time and you could at the will or elections of the School District be terminated at any time and without previous notice or warning.

F. Signature of Applicant:

I certify that the answers given to the foregoing questions and statements are true and correct, without mental reservation of any kind, and I authorize Shelley Joint School District No. 60 to verify them. I authorize any reference checks of those listed as well as any other references.

Signature

Date signed