

# SHELLEY JOINT SCHOOL DISTRICT 60

545 Seminary Avenue Shelley, ID 83274  
(208) 357-3411

Office Use

Board Approval \_\_\_\_\_

Fingerprinted \_\_\_\_\_



## FOOD SERVICE SUBSTITUTE APPLICATION

Date \_\_\_\_\_ Email Address \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Initial Last

Telephone: (home) \_\_\_\_\_ (office) \_\_\_\_\_ (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 |
|------|----|-------------------------|----------------------|-------------------|
|      |    |                         |                      |                   |
|      |    |                         |                      |                   |
|      |    |                         |                      |                   |
|      |    |                         |                      |                   |
|      |    |                         |                      |                   |

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

| DATE | NAME OF INSTITUTION | MAJORS | MINORS | YR GRAD | DEGREE |
|------|---------------------|--------|--------|---------|--------|
|      |                     |        |        |         |        |
|      |                     |        |        |         |        |
|      |                     |        |        |         |        |
|      |                     |        |        |         |        |

How much notice do you need to substitute? \_\_\_\_\_

**References:** Give at least three - not relatives. (Please list daytime phone where reference may be reached.)

| NAME | ADDRESS | DAYTIME PHONE |
|------|---------|---------------|
|      |         |               |
|      |         |               |
|      |         |               |
|      |         |               |

Have you ever been charged with a criminal offense other than a traffic violation: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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**Results of a state mandated background check could affect continued employment as a substitute.  
(There is a fee of \$28.25 charged by the State Department of Education for a background check.)**

**Upon board approval, you will be required to be fingerprinted and pay the \$28.25 processing fee.  
(Once you have substituted for the district for 40 hours, you will be reimbursed that fee.)**

**\*\*\*Dear Applicant:** Once you have completed this application, please call our food service Director, Charlotte Haderlie (208-357-7435) to schedule a "Substitute Interview". Be sure and bring this completed application to your interview. It will then need to be approved at the regular monthly school board meeting before you can be placed on our sub-list. Thank you.

**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.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date signed

Interviewer's comments: \_\_\_\_\_

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Date: \_\_\_\_\_ Director's Initials: \_\_\_\_\_ Reference checked by DO \_\_\_\_\_

# Shelley School District #60

545 Seminary Avenue  
Shelley, Idaho 83274



208-357-3411



208-357-5741



*"Where Students Come First"*

SHELLEY JOINT SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

## 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 District 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, the District must request the Applicant sign this form. Should the Applicant refuse or fail to sign this form, the District 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 and past public school employer of the Applicant/undersigned on this form, including Applicants outside of the State of Idaho, to release to the hiring School District all information relating to the job performance and/or job related conduct of the Applicant and make available to the hiring School District 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 the District 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 the hiring District via electronic means.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant  
(Include maiden name if previously employed under different name)

\_\_\_\_\_  
Previous School District

\_\_\_\_\_  
Position

\_\_\_\_\_  
Previous School District

\_\_\_\_\_  
Position

\_\_\_\_\_  
Previous School District

\_\_\_\_\_  
Position

\*Information obtained through the use of this Release will be used only for the purpose of evaluating the qualifications of the Applicant for employment. This information will not be disclosed in any manner other than as provided by Statute.

\*A copy of this Release and all information obtained through use of this Release will be placed into the Applicant's Personnel File with the District upon employment of the Applicant, if any.

\*An Applicant's failure to disclose any former School District employer, whether within or outside of the State of Idaho, will serve as the basis for immediate termination and, for certificated personnel, may also result in the District's reporting of the individual to the Idaho Professional Standards Commission for a potential violation of the Code of Ethics for Professional Educators.

\*By accepting an executed copy of this form, the hiring School District makes no guaranty or promise of employment to the Applicant. Further, the hiring School District may employ the Applicant on a conditional basis pending review of information gathered pursuant to this Release. Such conditional employment is not a guarantee or promise of continued employment with the hiring School District for any length of time or pursuant to any additional conditions.