

# SHELLEY JOINT SCHOOL DISTRICT 60

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

Office Use

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

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## YOUTH APPLICATION

Position Applying For \_\_\_\_\_ Date \_\_\_\_\_

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

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (message) \_\_\_\_\_

Permanent Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Are you a licensed driver? Yes \_\_\_\_\_ No \_\_\_\_\_

**Work Experience:** Begin with the most recent.

FROM	TO	BUSINESS	ADDRESS, CITY, STATE	POSITION

**References:** Please list three. (Please list daytime phone where reference may be reached.)

NAME	ADDRESS	PHONE

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

\_\_\_\_\_  
\_\_\_\_\_

**Job Skills:** Use the following space to provide any skills or training that you have that would be helpful for this position.

\_\_\_\_\_  
\_\_\_\_\_

**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