

APPLICATION FOR EMPLOYMENT

Blackfoot School District No. 55
 270 East Bridge Street
 Blackfoot, ID 83221-2865
 Telephone: (208) 785-8800
 FAX: (208) 785-8809

All positions are filled without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	E-mail Address	Social Security Number	

Have you ever filed an application with the District before? Yes No
 If yes, give dates(s) _____

Have you ever been employed by the District before? Yes No
 If yes, give dates(s) _____

Are you currently employed? Yes No

May our District representative contact your present employer? Yes No

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain and identify type of felony and jurisdiction.

Are you claiming Veterans' Preference according to Idaho Code §§ 65-501? Yes No

If yes, please provide a copy of your Form DD214, and submit a completed Veterans' Preference Form with the application.

When completing this application electronically, please do NOT use the enter key. Use the tab key to move from field to field. Only type in the field area, if you are out of the field area the information will not print.

E D U C A T I O N

	High School	* Undergraduate College/University	Graduate/ Professional
School Name and Location			
Circle Highest Level Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree include Date and Location			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills, and extracurricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

*If you have attended a college or university, please submit transcripts with your application.

R E F E R E N C E S

Give name, e-mail address, and personal telephone number of five references who are not related to you and are not previous employers.
1.
2.
3.
4.
5.

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

EMPLOYMENT EXPERIENCE

Start with the most recent employment first and include any military service assignments.

If you need additional space, please use a separate sheet of paper.

Employer	Dates Employed		Job Title/Description of Work Performed
	From	To	
Address			
City, State, Zip			
Telephone Number(s)			
Supervisor		Reason for Leaving	

Employer	Dates Employed		Job Title/Description of Work Performed
	From	To	
Address			
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Employer	Dates Employed		Job Title/Description of Work Performed
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	From	To	
Address			
City, State, Zip			
Telephone Number(s)			
Supervisor		Reason for Leaving	

List professional, trade, business, or civic activities and offices held.

Special Skills and Qualifications (Please summarize.)

APPLICANT'S STATEMENT

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 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 any 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 understand, also, that I am required to abide by all rules, regulations, and policies of the District.

Signature of Applicant

Electronic signature is acceptable.

Date

PRE-EMPLOYMENT APPLICANT INFORMATION

BLACKFOOT SCHOOL DISTRICT NO. 55

BLACKFOOT, IDAHO

An investigation will be conducted of all information listed on this pre-employment sheet.

Print plainly in white areas only. If any of the following needs further explanation or entry space, please use a separate sheet of paper.

Last		First		Middle	
Name in Full:					
Other names you have used:	Maiden	Aliases / Former Names		Nickname	
Date of Birth:	Month		Date		Year
Place of Birth:	City			State	Sex M or F
Social Security Number					

DRIVER'S LICENSE:

Is your driver's license current?	Yes _____ No _____	In what State?			
Driver's License Number			License Expiration Date		
In what other states have you held a driver's license?					

PREVIOUS RESIDENCES (Go back 15 years. You only need to list City and State--not street address.):

City	State	When	City	State	When

List any time you were arrested or had charges filed against you including traffic, but excluding parking and speeding.	Date	Place	Dept	Charge	Results

Are you aware of any information about yourself which might tend to reflect unfavorably on your reputation, morals, character, or ability as a perspective employee of Blackfoot School District No. 55, Blackfoot, Idaho?

YES _____ NO _____ If yes and you would like to explain, please use a separate sheet of paper.

I hereby certify that the facts set forth in this pre-employment application are true and correct to the best of my knowledge. I understand that if I falsify statements on this pre-employment application, I may not be considered for employment.

Signature of Applicant _____ Date _____

For Official Use Only:	Favorable _____	Unfavorable _____
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AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any authorized representative of Blackfoot School District No. 55 bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military, or educational records including, but not limited to: academic, achievement, attendance, athletic, personal history and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Blackfoot School District No. 55. I hereby release you, as the custodian of such records, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal status or regulation. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed)

Email Address: _____

Current Address: _____

Telephone Number: _____ Date: _____