

APPLICATION CLASSIFIED PERSONNEL

HIGHLAND JOINT SCHOOL DISTRICT #305

112 Boulevard Ave. - P.O. Box 130

Craigmont, ID 83523

Phone: (208) 924-5211 Fax: (208) 924-5614 Website: www.sd305.org

*An Equal Opportunity Employer under Affirmative Action and The Americans with Disabilities Act.
Compliance Officer: Brad Baumberger, Superintendent*

Name _____
(Last) (First) (Middle)

Permanent Address _____ Phone _____
(Street) (City) (State) (Zip)

Address _____
Until _____ Phone _____
(Street) (City) (State) (Zip)

Position you are applying for: _____

If the position applies for requires a Driver's License, Do you have a valid license? _____

Are you claiming Veteran's Preference? Yes _____ No _____

BACKGROUND

a) Have you worked for Highland Joint School District before? _____. If yes, give dates(s) and your name as it appeared on our payroll records: _____.

b) Have you ever been convicted of a crime other than a minor traffic violation? _____.

c) Have you ever been convicted, been given a suspended sentence or been given a withheld judgement in regard to a crime involving moral turpitude: _____.

d) Are you currently under investigation by any educational or law enforcement agency? _____.

If yes to question b c, or d, please explain; _____.

(A yes answer will not necessarily bar you from employment)
CRIMINAL BACKGROUND AND SEX OFFENDER REGISTRY CHECKS

ARE REQUIRED FOR EMPLOYMENT

EDUCATIONAL TRAINING (List in order of attendance)

High School Diploma? Yes ____ No ____

GED? Yes ____ No ____

College and/University/ Tech. School	Location	Dates Inclusive	Degree Earned	Date of Degree	Major
Additional Training:					

WORK HISTORY

List most recent experience first.

Name	Employer Location/ Phone	Supervisor	No of Years	Date From To	Position Held

REFERENCES

Please provide names of additional references (other than previously listed) who can provide information concerning your character and qualifications relative to the position.

Name	Title	Complete Address	Telephone No.	Relationshi p to you.

Any other name under which recommendations may be listed?

APPLICANT'S CERTIFICATE AND RELEASE

Read Carefully Before Signing

THIS APPLICATION IS NOT A CONTRACT OF PERMANENT EMPLOYMENT AND CANNOT CREATE ANY SUCH CONTRACT. I UNDERSTAND THAT IF EMPLOYED BY THE SCHOOL DISTRICT, I AGREE TO ABIDE BY ITS POLICIES, RULES, AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, THOSE CONTAINED IN THE HSD POLICY MANUAL.

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for subsequent dismissal if I am hired. I hereby authorize any former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any or all of them blameless and free of liability for releasing any truthful information that is within their knowledge or records. Indicate by number any of the above employers whom you do not wish us to contact: _____. This District is also hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment or application.

Dated: _____ Applicant's Signature _____