

Shoshone Joint School District No. 312

61 East Highway 24
Shoshone, Idaho 83352

Phone: 208-886-2381

www.shoshonesd.org

Fax: 208-886-2038

CLASSIFIED/NON-TEACHING APPLICATION

Welcome to the Shoshone Joint School District! We are committed to providing equal employment opportunities for all persons without regard to race, creed, sex, age or disabilities. Eligible veterans will receive preference as outlined in Idaho Code Section 65-503.

Date:			
Last:	First:	Middle:	
Address:		City:	State/Zip
Phone:		Cell Phone:	
Email Address:			

POSITION

Position Applying for	Date Available
Other Areas of Interest: (Check all that apply)	

Teaching Assistant <input type="checkbox"/>	Food Service <input type="checkbox"/>
Transportation <input type="checkbox"/>	Office/Clerical <input type="checkbox"/>
Maintenance/Janitorial <input type="checkbox"/>	Substitute <input type="checkbox"/> Dept:
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
	Either <input type="checkbox"/>

SKILLS

Please list skills or qualifications that should be considered:

EDUCATION

School Name and Address	Dates Attended	Degree/Diploma Received	Major/ or credits completed	Minor

PREVIOUS EMPLOYMENT
(List most RECENT employment FIRST)

Dates of Employment	Company Name and Address	Position	Name and Number of Supervisor	Reason for Leaving

VOLUNTEER/OTHER EXPERIENCE
(Include Military/Peace Corp/VISTA)

Agency	Address	Phone Number	Position	Date of Service

REFERENCES
Please list three (3) persons other than relatives and supervisors listed above.

Name and Relationship	Address	Phone Number(s)

PERSONAL INFORMATION

Have you previously been employed by or applied to the Shoshone Joint School District? _____
If yes dates, position _____

Are you authorized to work in the United States? _____

Please list the names and relationships of any relatives you have that are working in the Shoshone School District _____

Have you ever been terminated for cause? ____ If yes, please explain _____

Have you ever been convicted of an offense other than a minor traffic violation? _____
Please list convictions and dates _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that Shoshone Joint School District reserves the right to conduct the following: background checks with the State of Idaho and/or any other State or Federal agency, reference checks, and credential review.

I understand that employment at this company is “at will”, which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature of Applicant _____

District Use: Date Received _____ Initials _____
