

SODA SPRINGS JT. SCHOOL DISTRICT NO. 150

250 EAST 2ND SOUTH • SODA SPRINGS, ID 83276
Telephone: (208) 547-3371 Fax: (208) 574-4878

EDUCATIONAL SUPPORT PERSONNEL APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PERSONAL

Social Security Number _____ Date of Application _____

Last Name First Name Initial

Address _____
Number & Street Box City State Zip

Telephone Number _____ Cell Telephone Number _____

If necessary, best time to call you at home is: _____

May we contact you at work? Yes No If yes, work number and best time to call: _____

POSITION DESIRED

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Cook/Server | <input type="checkbox"/> Custodian | <input type="checkbox"/> Noon Aide |
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Other _____ | |

Date Available for Employment _____

EMPLOYMENT INFORMATION

Are you legally eligible for employment in this country? Yes _____ No _____

Have you ever been bonded? Yes _____ No _____

Are you a veteran? Yes _____ No _____

If "Yes", answer next question

Do you wish to claim Veterans' Preference Yes _____ No _____

If "Yes", a copy of your DD214 must be included with your application and a Veterans' Preference form filled out.

Have you ever pled "guilty," "no contest" to, or been convicted of an offense other than a minor traffic violation? Yes _____ No _____

If "Yes", please explain by confidential letter. ANSWERING "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

EMPLOYMENT RECORD

List most recent experience first

Name of Employer: _____ Dates: _____ to _____

Address of Employer: _____
Street/P.O. Box City State Zip

Job Title: _____

Reasons for leaving or wishing to leave:

Supervisor: _____ May we contact this employer? Yes ___ No ___
Name Phone Number

Name of Employer: _____ Dates: _____ to _____

Address of Employer: _____
Street/P.O. Box City State Zip

Job Title: _____

Reasons for leaving or wishing to leave:

Supervisor: _____ May we contact this employer? Yes ___ No ___
Name Phone Number

Name of Employer: _____ Dates: _____ to _____

Address of Employer: _____
Street/P.O. Box City State Zip

Job Title: _____

Reasons for leaving or wishing to leave:

Supervisor: _____ May we contact this employer? Yes ___ No ___
Name Phone Number

Name of Employer: _____ Dates: _____ to _____

Address of Employer: _____
 Street/P.O. Box _____ City _____ State _____ Zip _____

Job Title: _____

Reasons for leaving or wishing to leave:
 Supervisor: _____ May we contact this employer? Yes ___ No ___
 Name _____ Phone Number _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND

List last three (3) schools attended, starting with most recent.

School	Number of Years Completed	Degree/Diploma	GPA/Class Rank	Major	Minor

REFERENCES

Give three (3) current references capable of assessing your ability to perform the work for which you are applying

Name	Address (Street, City, State, Zip)	Official Position	Telephone Number

ADDITIONAL INFORMATION

List any additional information you would like us to consider. (Special accomplishments, publications, awards, etc.)

APPLICANT STATEMENT

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" STATUS DOES NOT GUARANTEE EMPLOYMENT IN THE DISTRICT.

I hereby authorize Soda Springs Jt. School District #150 to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representative for seeking, gathering, and using such information to make employment decisions and all other person or organizations for providing such information.

I understand that Soda Springs Jt. School District #150 consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment, if I am employed, whenever it may be discovered.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that if I am hired, that in accordance with Idaho Code, Section 33-130 as amended, employees must be fingerprinted for the State Department of Education and that the cost of \$40 will be born by the applicant.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date