

TROY SCHOOL DISTRICT 287  
PO BOX 280  
TROY, ID 83871

APPLICATION FOR EMPLOYMENT  
**CLASSIFIED PERSONNEL**

Type of position you are seeking: (Check all that apply)

Position: <input type="checkbox"/> Volunteer <input type="checkbox"/> Clerical <input type="checkbox"/> Custodial <input type="checkbox"/> Substitute Teacher, Certified? ___ Yes (attach copy) ___ No <input type="checkbox"/> Food Service <input type="checkbox"/> Teachers Aide <input type="checkbox"/> Coach ___ Head ___ Assistant ___ Volunteer <input type="checkbox"/> Bus Driver <input type="checkbox"/> Sub Bus Driver	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute <input type="checkbox"/> Temporary <input type="checkbox"/> On Call	Location: <input type="checkbox"/> Troy Elementary  <input type="checkbox"/> Troy High School  <input type="checkbox"/> District Office
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Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Present Address \_\_\_\_\_  
(Street Address and Mailing Address) (City) (State) (Zip Code)

Email address \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth(Optional) \_\_\_\_\_

Name and telephone number where a message could be left for you, if necessary:  
\_\_\_\_\_

Date available to start work: \_\_\_\_\_

The Idaho State Department of Education requires fingerprints of all employees. Have you been fingerprinted by the SDE? Yes \_\_\_ No \_\_\_. If yes, please give place \_\_\_\_\_ and date \_\_\_\_\_. If no, please contact the District Office at 835-3791 to make arrangements to be fingerprinted. You will be required to pay \$28.25 to the State Department of Education for the background checks (for volunteers: \$26.25).

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_

List any physical disability that would prohibit you from completing the duties and responsibilities of the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References: (Do not include former employers or relatives.)**

Name	Mailing Address <u>City, State, Zip Code</u>	Telephone
1.		
2.		
3.		

**Educational Background:**

<u>Type of School</u>	<u>Name &amp; Address</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>	<u>Date</u>	<u>Course/Major</u>

Do you hold a current license or certificate which pertains to the position for which you are applying?

Describe: \_\_\_\_\_

List special skills/equipment operated:

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

**Work History: (List in order, last to present employer first) If additional space is needed please continue on a separate sheet of paper.**

<u>Employer</u>		<u>Dates Employed</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Telephone Number (s)</u>			
<u>Job Title</u>	<u>Supervisor</u>		
<u>Reason for Leaving</u>			
<u>Employer</u>		<u>Dates Employed</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Telephone Number (s)</u>			
<u>Job Title</u>	<u>Supervisor</u>		
<u>Reason for Leaving</u>			
<u>Employer</u>		<u>Dates Employed</u>	<u>Work Performed</u>
<u>Address</u>			
<u>Telephone Number (s)</u>			
<u>Job Title</u>	<u>Supervisor</u>		
<u>Reason for Leaving</u>			

Additional comments: (attach separate page if more space is needed)

I hereby certify that the information I have provided is true to the best of my knowledge and belief.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)