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:	Employment Status:	Location:
☐ Peer Tutor ☐ Clerical ☐ Custodial ☐ Substitute Teacher, Certified? ___Yes (attach copy) ___No ☐ Food Service ☐ Teachers Aide ☐ Coach ☐ Head ☐ Assistant ☐ Volunteer ☐ Bus Driver ☐ Sub Bus Driver	☐ Full Time ☐ Part Time ☐ Substitute ☐ Temporary ☐ On Call	☐ Troy Elementary ☐ Troy High School ☐ District Office

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 $32.00 to the State Department of Education for the background checks (for volunteers: $30.00).

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 City, State, Zip Code	Telephone
1.		
2.		
3.		

Troy School District #287 is an Affirmative Action/Equal Opportunity Employer. Applications from all qualified individuals are considered.

Educational Background:

Type of School	Name & Address	Years Completed	Diploma/Degree	Date	Course/Major

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.

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

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)