



DIETRICH SCHOOL DISTRICT NO. 314
Home of the Blue Devils

APPLICATION FOR EMPLOYMENT

Substitute

All positions are filled without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related condition or handicap or any other legally protected status.

(Please Print)

Position Applied For _____ Date of Application _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____

Email Address _____

Have you ever been employed by the District before? Yes No

If Yes, give date(s) _____

Are you currently employed? Yes No

May our District representative contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____ Shift Work _____ Temporary _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment
If Yes, please explain and identify type of felony and jurisdiction _____

EMPLOYMENT EXPERIENCE

Start with most recent employment first and include any military service assignments.

1. Employer _____ Dates of Employment _____
Address _____
Telephone Number _____ Reason for Leaving _____
Job Title _____ Supervisor _____
Description of Work _____

2. Employer _____ Dates of Employment _____
Address _____
Telephone Number _____ Reason for Leaving _____
Job Title _____ Supervisor _____
Description of Work _____

3. Employer _____ Dates of Employment _____
Address _____
Telephone Number _____ Reason for Leaving _____
Job Title _____ Supervisor _____
Description of Work _____

If you need additional space, please use a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

Special skills and qualifications. (Please summarize)

EDUCATION

1. High School Name _____

Location _____ Years Completed _____

Diploma _____ Date Graduated _____

2. Undergraduate – College/University _____

Location _____ Years Completed _____

Diploma/Degree _____ Date Graduated _____

Major _____ Minor _____

3. Undergraduate – College/University _____

Location _____ Years Completed _____

Diploma/Degree _____ Date Graduated _____

Major _____ Minor _____

4. Graduate/Professional – College/University _____

Location _____ Years Completed _____

Diploma/Degree _____ Date Graduated _____

Major _____ Minor _____

Describe course of study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities _____

Describe any honors you have received _____

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. Name _____ Telephone Number _____

2. Name _____ Telephone Number _____

3. Name _____ Telephone Number _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Have you ever had a teaching certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation proceedings in Idaho or another State? Yes No

Have you ever been adjudicated guilty in a court of law of an offence other than a minor traffic violation? If your answer is YES to either of the above, attach an explanation of the circumstances) Yes No

I give permission for Dietrich School District to contract and gain employment information for all past employment Yes No

State any additional information you feel may be helpful to us in considering your application _____

All prospective employees must be cleared through the Dietrich School District required background check before an employment contract is considered valid.

I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

BY YOUR SIGNATURE, UPON THIS APPLICATION, YOU ATTEST AND AFFIRM THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT ACCORDING TO YOUR KNOWLEDGE AND BELIEF. YOU FURTHER ATTEST AND AFFIRM THAT YOU HAVE AND WILL ABIDE BY IDAHO CODE AND THE STATE BOARD OF EDUCATION RULES AND REGULATIONS RELATIVE TO THE RESPONSIBILITY AND CONDUCT OF CERTIFICATED IDAHO EDUCATORS. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES, REGULATIONS AND POLICIES OF THE DISTRICT. ENTRY OF FALSE INFORMATION ON THIS APPLICATION COULD RESULT IN DISCHARGE.

Signature of Application

Date