

**SALMON SCHOOL DISTRICT
907 SHARKEY ST.
SALMON, IDAHO 83467**

APPLICATION FOR EMPLOYMENT

Name _____
 Address _____ City _____ State _____ Zip _____
 Telephone # _____ Social Security # _____
 Position(s) Applied For _____
 (MUST BE SPECIFIC)

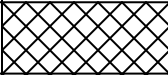
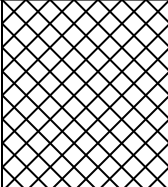
GENERAL INFORMATION

Have you ever been employed here before? ___ Yes ___ No; If "yes", give date _____
 Are you now employed? ___ Yes ___ No
 On what date would you be available to work? _____ Are you available for work:
 ___ Full-time ___ Part-time ___ Temporary
 Have you ever been convicted of a misdemeanor? ___ Yes ___ No If "yes", please explain:
 Have you ever been convicted of a felony? ___ Yes ___ No If "yes", please explain:
 Is anyone living at your address required to register for the Sex Offender Registry? ___ Y ___ N

Give name, address, and phone number of three references that are not related to you and are not previous employers:

1. _____
2. _____
3. _____

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				

Describe Specialized Training, Skills, Apprenticeships, and Extra-Curricular Activities

SUBSTITUTE TEACHER APPLICANTS ONLY

Teaching Credential?:

_____ Yes

_____ No

_____ Elementary

_____ Secondary

State(s) in which Certification is current: _____

Area(s) of Endorsement: _____

I Prefer (check only those that apply):

Primary (K-3) _____ Intermediate (4-5) _____ Junior High (6-8) _____ High School

Alternative School _____

If you wish to substitute for specific subjects only, please list which subjects:

CUSTODIAL APPLICANTS ONLY

1. Are you available to work 3:00 p.m. - 11:00 p.m., Monday through Friday?

2. Are you able to work from ladders and scaffolds? _____
3. This job requires kneeling, bending, stooping and heavy lifting.
4. Are you allergic to dust or any particular cleaning chemicals? _____

**EMPLOYMENT CONTINGENT UPON CLEARANCE OF
FINGERPRINTING/CRIMINAL BACKGROUND CHECK.**

APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICANT'S STATEMENT:

I hereby certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give my consent to contact current and/or former employers.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

Salmon School District No. 291

PERSONNEL

5320F2

Drug and Alcohol Abuse Testing Agreement

I agree to be tested according to the drug and alcohol testing policy and procedures.

I understand that agreeing to be tested according to the drug and alcohol testing policy and procedures is a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Drug and Alcohol Abuse Testing Policy and Procedures, I will consult the Superintendent or his designee.

I understand that refusal to sign this document constitutes a refusal to test and the Superintendent will follow the Drug and Alcohol Abuse Testing Policy and Procedures regarding a refusal to test in accordance with Board policy and state law.

Employee Signature

Employee Printed Name

Date

Policy History:

Adopted on: 061107

Revised on: