

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

Present Address _____
 (Street Address and Mailing Address) (City) (State) (Zip Code)

Telephone Number: Home _____ Work _____

Social Security Number _____ - _____ - _____ 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 \$40 to the State Department of Education for the background checks.

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
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		

Educational Background:

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

Do you hold a license or certificate (other than teaching) 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)

APPENDIX F

SCHOOL BUS DRIVER APPLICATION FORM

Name _____

Present Address _____

Phone Number (s) _____

How long have you lived at present address? _____

Last previous address _____

How long did you live there? _____ Social Security No. _____

Do you have any physical impairments that could interfere with the duties of a school bus operator? _____

Current driver's license: Operator's _____ Chauffeur's _____

Other _____ Number _____ State _____

Have you had any type of vehicle accident in the last three years? Yes ___ No ___

If yes, give dates and explain: _____

Have you been convicted for a moving violation in the last three years?

Yes ___ No ___

If yes, give dates and explain. _____

Has your driver's license been suspended or revoked during the last three years?

Yes ___ No ___