

Kimberly School District #414

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

141 Center Street West

Kimberly, ID 83341

(208) 423-4170

Fax: (208) 423-6155

e-mail: csearby@kimberly.edu

APPLICATION FOR A CLASSIFIED POSITION

Name: _____

Address: _____

Phone: _____

Work Phone: _____

E-mail: _____

Cell Phone: _____

PROCEDURES:

- o Filing an application requires two initial steps: A brief letter introducing yourself and indicating what jobs you are applying for; this application completed.
- o A personal interview with the direct supervisor will be required before an offer of employment is made.
- o The top applicant for the position will be required to successfully pass a drug screening test and be fingerprinted as a first step in a comprehensive background check (at employees cost).
- o Upon acceptance of employment, the applicant will be required to show proof they are an American citizen or that they are in this country legally.
- o Applicants shall not be discriminated against because of sex, race, color, ancestors, age, exceptionality, national or ethnic origin, religion, condition of birth, disability or political relationship(s).
- o Final decision is the Kimberly Board of Trustee's prerogative.

Positions/jobs for which you are applying: _____

I hereby certify that the information contained in this application (including any additional sheets of paper added by the applicant) is a true and complete statement. If Kimberly Schools employs me, any misstatement or omission of fact on the application may result in my immediate dismissal.

Signature of Applicant

Date

Date Received

EDUCATIONAL TRAINING (List in order of attendance)

HIGH SCHOOL	LOCATION	DATES	YEAR GRADUATED
COLLEGE / UNIVERSITY / TECHNICAL OR TRADE TRAINING			DEGREE/# of credits

SKILLS

OFFICE EQUIPMENT	TRAINING / LENGTH OF TIME	EXPERIENCE / LENGTH OF TIME
Computer		
List software used or professional licenses held		
1)		
2)		
3)		
4)		

EMPLOYMENT

Start with your present or most recent employer

COMPANY NAME:	EMPLOYED FROM:	TO:
	(STATE MONTH & YEAR)	
ADDRESS:	REASON FOR LEAVING:	
	WAGE AT LEAVING:	
PHONE NO.	JOB TITLE / DESCRIPTION OF YOUR WORK	
NAME OF SUPERVISOR:	MAY WE CONTACT? YES _____ NO _____ If no please explain	

COMPANY NAME:	EMPLOYED FROM:	TO:
	(STATE MONTH & YEAR)	
ADDRESS:	REASON FOR LEAVING:	
	WAGE AT LEAVING:	
PHONE NO.	JOB TITLE / DESCRIPTION OF YOUR WORK	
NAME OF SUPERVISOR:	MAY WE CONTACT? YES _____ NO _____ If no please explain	

EMPLOYMENT CONTINUED

COMPANY NAME:	EMPLOYED FROM: _____ TO: _____ (STATE MONTH & YEAR)
ADDRESS:	REASON FOR LEAVING: WAGE AT LEAVING:
PHONE NO.	JOB TITLE / DESCRIPTION OF YOUR WORK
NAME OF SUPERVISOR:	MAY WE CONTACT? YES _____ NO _____ If no please explain

REFERENCES

NAME	ADDRESS	PHONE	OFFICIAL POSITION

If you are claiming veteran's preference, please submit the DD214 form.

Have you ever applied for or held a teacher certification in this state or any other? No_____ Yes_____

Have you ever been CONVICTED of a felony or misdemeanor No_____ Yes_____? If yes, please explain by confidential letter sealed and attached to application. The existence of a Criminal Record does not automatically bar employment. I hereby certify that the information contained in this application is a true and complete state of my personal record to date.

Is anyone living at your address required to register for the Sex Offender Registry? No_____ Yes_____.

Signature: _____ Date: _____

Teaching Assistant applicants please answer the following question in accordance with your personal philosophy on education.

How do children learn?