

# Kimberly School District #414

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

141 Center Street West

Kimberly, ID 83341

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## APPLICATION FOR A CLASSIFIED POSITION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **PROCEDURES:**

- Filing an application requires two initial steps: A brief letter introducing yourself and indicating what jobs you are applying for; this application completed.
- A personal interview with the direct supervisor will be required before an offer of employment is made.
- 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).
- 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.
- 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).
- 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 mis-statement 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?