

Caldwell School District

1101 Cleveland Boulevard
Caldwell, ID 83605

Application For Employment – CLASSIFIED PERSONNEL

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
Last Name		First Name		Middle Name	
Address		City		State	Zip Code
Telephone Number			Email		

Education

	Elementary School				High School				Undergraduate Collage/university				Graduate/ Professional				
School Name and Location																	
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 any specialized training, apprenticeship, skills and extra-curricular activities.																	
State any additional information you feel may be helpful to us in considering your application, i.e.: Licenses or Certificates																	
List any equipment, office machines, etc. that you can operate:																	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Hour Salary	Hour Salary	

Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Hour Salary	Hour Salary	

Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Hour Salary	Hour Salary	

Employer		Dates Employed		Work performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Hour Salary	Hour Salary	

References

1. _____ (Name) _____ (Official Position)

_____ (Address: Street, City, State, Zip Code) _____ (Telephone)
2. _____ (Name) _____ (Official Position)

_____ (Address: Street, City, State, Zip Code) _____ (Telephone)
3. _____ (Name) _____ (Official Position)

_____ (Address: Street, City, State, Zip Code) _____ (Telephone)

- Yes Are you physically or otherwise unable to perform the duties of the job for which you are applying?
- Yes Have you ever filed an application with us before? If yes, give date _____
- Yes Have you ever been employed with us before? If yes, give date _____
- Yes Are you currently employed?
- On what date would you be available for work? _____
- Yes May we contact your present employer?

- Yes Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Are you available to work: Full Time Part Time Temporary
- Yes Are you currently on "layoff" status and subject to recall?
- Yes Have you ever been charged, found guilty, or entered a guilty plea or plea of nolo contendere or entered into a deferred prosecution or deferred judgment involving a crime? (Do not include minor traffic offenses unless alcohol related.)

If you answered yes to the question above, please provide complete details stating date, charge, place and action taken. Attach a separate sheet if necessary.

Special Skills and qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

Applicant's Statement

I certify that the information in this application is true and complete to the best of my knowledge and understand that an omission or falsification of any information in this application will result in refusal of, or immediate discharge from employment.

I understand that employment is contingent upon investigation of any or all statements contained in this application and authorize the release of any information from persons named in this application.

In the event I am employed by the Caldwell School District #132, I agree to abide by all its applicable policies, procedures, rules and regulations.

Date

Signature

Note: If you are sending this electronically you will be required to sign this at the time of your interview.

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Coaching Supplemental Application Form

Certification Status

- Yes I am Red Cross certified in first aid.
Yes I am Red Cross certified in CPR
Yes I have NFICEP certification
Yes I hold a current State of Idaho Education Credential

Experience

Sport Coached	
Dates – From:	To:
Where	
Supervised by (athletic director/principal/etc.)	
Phone Numbers (home)	(work)

Sport Coached	
Dates – From:	To:
Where	
Supervised by (athletic director/principal/etc.)	
Phone Numbers (home)	(work)

Sport Coached	
Dates – From:	To:
Where	
Supervised by (athletic director/principal/etc.)	
Phone Numbers (home)	(work)

References (if different from above)

- _____
(Name) (Official Position)

(Address: Street, City, State, Zip Code) (Telephone)
- _____
(Name) (Official Position)

(Address: Street, City, State, Zip Code) (Telephone)
- _____
(Name) (Official Position)

(Address: Street, City, State, Zip Code) (Telephone)

