



# APPLICATION FOR EMPLOYMENT

## Shoshone-Bannock School District #537

### Personnel Office

P.O. Box 306 Fort Hall, Idaho 83203

208-478-3856 Fax 208-478-3950

**AN EQUAL OPPORTUNITY EMPLOYER**

#### PERSONAL

PLEASE PRINT OR TYPE

Miss  
 Name Mrs. \_\_\_\_\_  
 Mr. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Message # \_\_\_\_\_

Date \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Valid Idaho or other  
 Drivers License # \_\_\_\_\_  
 Valid Idaho or other CDL  
 Drivers License # \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Are you an enrolled Tribal Member? Yes  No

Tribal Affiliation: \_\_\_\_\_

#### EMPLOYMENT DESIRED

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Positions Applied for:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

Salary Desired:	Date Available:	Have You Ever Been Employed Here Before? No Yes Dates _____ to _____
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Are you employed now? Yes  No

May we contact you employer: Yes  No

Referral Source:

\_\_\_ Advertisement/Print Media      \_\_\_ Employee      \_\_\_ Employment Agency  
 \_\_\_ School      \_\_\_ Web Site Name      Other: \_\_\_\_\_

Do you have an immediate family member working in the school district?

Yes  No  Name \_\_\_\_\_ Relationship \_\_\_\_\_

Previous convictions may not exclude an applicant from employment.

Have you ever been convicted of an offense other than a minor traffic violation? Yes  No

If Yes, give date, place, and offense:

**ALL INFORMATION WILL BE TREATED CONFIDENTIALLY**

# EDUCATION / TRAINING (Provide Official Transcripts for all College/University & Trade School, etc. attended.)

Education	Name and Location of School	Dates Attended		Completed		Degree/Dip. or Certificate	Field of Study
		From	To	Yes	No		
High School							
College							
College							
Trade/Business Or other College							

Indicate License or Certification \_\_\_\_\_  
**(Provide copies of all license and certification documents.)**

Subjects of Special Study \_\_\_\_\_

Specify Skills: \_\_\_\_\_

Clerical Skills: Typing Speed \_\_\_\_\_ Shorthand: \_\_\_\_\_ Computer Experience: \_\_\_\_\_

## Employment History (This section must be completed.)

<b>Employer</b>	Dates		Work Performed	
Address & Phone #	From	To		
Job Title				
Supervisor	Hourly Rate/Salary			
Address & Phone #	Starting	Final		
Reason for Leaving				
<b>Employer</b>	Dates		Work Performed	
Address & Phone #	From	To		
Job Title				
Supervisor	Hourly Rate/Salary			
Address & Phone #	Starting	Final		
Reason for Leaving				
<b>Employer</b>	Dates		Work Performed	
Address & Phone #	From	To		
Job Title				
Supervisor	Hourly Rate/Salary			
Address & Phone #	Starting	Final		
Reason for Leaving				

<b>Employer</b>	Dates From      To		Work Performed
Address & Phone #			
Job Title			
Supervisor	Hourly Rate/Salary Starting      Final		
Address & Phone #			
Reason for Leaving			
<b>Employer</b>	Dates From      To		Work Performed
Address & Phone #			
Job Title			
Supervisor	Hourly Rate/Salary Starting      Final		
Address & Phone #			
Reason for Leaving			
<b>Employer</b>	Dates From      To		Work Performed
Address & Phone #			
Job Title			
Supervisor	Hourly Rate/Salary Starting      Final		
Address & Phone #			
Reason for Leaving			

**MILITARY** (Provide DD214.)

Service Branch	Date Entered	Date Discharged	Rank Attained	Specialty
Special Training:				
Discharge Type:				

**REFERENCES**

List names and address of three (3) persons not related to you.

Name	Address	Business/Title	Phone
1.			
2.			
3.			

## PROFESSIONAL STAFF APPLICANT QUESTIONNAIRE

1. Would you be willing to volunteer your assistance with extra-curricular activities?  
If so, which areas?
  
2. What do you want to accomplish as a teacher?
  
3. An experienced teacher offers you the following advice: "When you are teaching be sure to command the respect of your students and all will go well". What is your philosophy on education?
  
4. A parent comes to you and complains that what you are teaching his child is irrelevant to the child's needs. How would you respond?
  
5. What do you think will (does) provide you the greatest pleasure in teaching?
  
6. When you have some free time, what do you enjoy doing the most?
  
7. How do you go about reinforcing student achievement?
  
8. What is your experience with the Native American Culture?
  
9. Have you any knowledge or experience with school effectiveness programs, site based management teams, and/or cooperative education procedures?
  
10. How do you determine your curriculum for the year? What procedures would you utilize in implementing the curriculum for the year?

**Shoshone-Bannock School District 537**

**1. GENERAL POLICY**

It is the applicant's responsibility to have placement credentials and official transcripts sent to the Shoshone-Bannock School District 537 Personnel Office. Your file will not be considered complete without them.

**2. MINIMUM PROFESSIONAL TEACHERS TRAINING REQUIREMENTS**

Graduation from an approved college or university with proper teaching majors for standard accreditation.

**3. TEACHERS CERTIFICATION**

Initial teaching appointment to Shoshone-Bannock School District 537 is dependent upon the possession of a valid Idaho State Teaching Credential(s), or the ability to qualify and obtain a valid Idaho Teaching Certificate within a time line set by the School Board of the Shoshone-Bannock School District 537.

**4. TRANSCRIPTS**

Teachers are to file official transcripts with the District Office and must keep all professional records current and accurate.

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT AFFIDAVIT**

Authorization is hereby given to the Shoshone-Bannock School District 537, to request any information necessary as provided in this application and investigation of all statements contained therein, as may be necessary in arriving at an employment decision. I, also, authorize disclosure and release every person, firm, previous and current employers, schools and any other organizations, and the Shoshone-Bannock School District 537, from any and all liability whatsoever resulting from the release of this information.

I understand that my employment will be based upon passing a criminal background investigation, in compliance with the Indian Child Welfare Act of 1972 and Public Law 100-630, November 28, 1990. In the event of my employment with the Shoshone-Bannock School District 537, I will comply with all rules, regulations, and policies set forth in the Shoshone-Bannock School District 537 Personnel Policies including Public Law 100-690, Sub Title "D", Drug Free Work Place Act of 1988. Applicant must pass an Alcohol and Drug Test as a condition of employment.

I, hereby, certify that the statements made on this application and any documents submitted in support of this application, including but not limited to any resume, transcripts, etc., are true and correct. I understand that misrepresentation or omission of facts in this application or on any of the documents submitted in support of this application shall be cause for rejection of the application or separation from the Shoshone-Bannock School District 537 if I have been employed. I, hereby, understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time with proper notice and the Employer may discharge the Employee at any time with our without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Indian Preference

Equal Opportunity Employer

**AUTHORITY TO RELEASE INFORMATION**

I hereby authorize any authorized representative of School District No. 537 bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of School District 537.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my social security number on a voluntary basis with the understanding that Federal status or regulation does not require such. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**FULL NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature

**OTHER NAMES USED:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_  
Typed or Printed Name

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**MESSAGE NUMBER:** \_\_\_\_\_

**SHOSHONE-BANNOCK SCHOOL DISTRICT #537  
PRE-EMPLOYMENT  
BACKGROUND INVESTIGATION AUTHORIZATION**

School District 537 requires that a criminal investigation be conducted for applicants who qualify to fill certain positions within the organization. An investigation will be conducted of all information listed on this form. Certain positions may also require that applicants provide their fingerprints to the Fort Hall Police Department. If any of the following need further explanation, please use a separate sheet of paper.

**(Please Print)**

Name: \_\_\_\_\_  
First Middle Last Maiden

Other Names Used (Aliases): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Address City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Current: Y / N State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other States you have held Driver's License:  
\_\_\_\_\_  
Date City State

\_\_\_\_\_  
Date City State

**PREVIOUS RESIDENCES: (DATE BACK 15 YEARS)**

\_\_\_\_\_ to \_\_\_\_\_  
Date Date Address City State

\_\_\_\_\_ to \_\_\_\_\_  
Date Date Address City State

\_\_\_\_\_ to \_\_\_\_\_  
Date Date Address City State

\_\_\_\_\_ to \_\_\_\_\_  
Date Date Address City State

Have you ever been convicted of a crime involving a child? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, include below.

List any time you were arrested or charged with any violation, including traffic, but excluding parking:

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_ Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Are you aware of any information about yourself, which might tend to reflect unfavorably on your reputation, morals, character or ability as a perspective employee of the Shoshone-Bannock School District. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Authorization is hereby given to the Shoshone-Bannock School District 537 to request any information and/or to conduct a background check. I hereby certify that the facts set fourth are true and correct to the best of my knowledge. I understand that if I falsify statements contained herein, I may not be considered for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form 10/2005